DOCUMENT RESUME

ED 048 453 VT 012 235

TITLE	Toward a Career Ladder in Nursing: Upgrading Nurse's Aides to LPNs Through a Work-Study Program. Final Progress Report.
INSTITUTION	Medical and Health Research Association of New York City, Inc., N.Y.
SPONS AGENCY	Manpower Administration (DOL), Washington, D.C.; Office of Education (DHEW), Washington, D.C.
PUB DATE	70
NOTE	55p.; Report covers April 1967 - May 1970
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	*Career Ladders, Demonstration Projects, Improvement Programs, Manpower Development, *Nurses Aides, *Occupational Mobility, *Practical Nurses, Promotion (Occupational), *Work Study Programs

ABSTRACT

To arrange a program that would enable nurse's aides to undertake licensed practical nurse (LPN) training without financial sacrifice, a 3-year experimental and demonstration project, funded by the Manpower Administration, was conducted in New York City between October 1967 and September 1969. Through a work-study arrangement, 422 nurse's aides in the municipal hospital system completed a 14-month LPN training course, dividing their time between shifts at their hospitals (20 hours a week) and classroom or clinical training at central locations throughout the city (25 hours a week). The project was considered a success when 385 graduates (91 percent) were licensed as LPNs after passing the New York State licensing examination and returning to their hospitals where they assumed the duties of LPNs. Some recommendations were: (1) All nurse's aides should be processed as potential candidates for upgrading; (2) A remedial academic skill center should be established to encourage hospital staff to improve their basic skills; and (3) Counseling and other supportive services should be continued at the training site. The report also describes the organization and costs of the project, the training program, and ways to improve future programs. (SB)

toward a career ladder in nursing:

UPGRADING NURSE'S AIDES TO LPNS THROUGH A WORK-STUDY PROGRAM

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ED0 48453

FINAL PROGRESS REPORT

April, 1967 - May, 1970

SPONSORED BY:

District Council 37, American Federation of State, County and Municipal Employees (AFL-CIO); and Health Services Administration, Departments of Hospitals and Nursing Education and Nursing Service

FUNDED BY:

U.S. Department of Labor, Manpower Administration; and Office of Education, U.S. Department of Health, Education and Welfare

CONTRACT NUMBER:

82-34-67-48

CONTRACTOR:

Medical and Health Research Association of New York City, Inc.

TRAINING BY:

Manpower Development and Training Program, Board of Education of the City of New York

COORDINATED BY:

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UPGRADING NURSE'S AIDES TO LPNS THROUGH A WORK-STUDY PROGRAM

This report on a special manpower project was prepared under a contract with the Manpower Administration, U.S. Department of Labor, under the authority of the Manpower Development and Training Act. Organizations undertaking such projects under Government sponsorship are encouraged to express their own judgment freely. Therefore, points of view or opinions stated in this document do not necessarily represent the official position or policy of the Department of Labor.

A NOTE OF THANKS

By their very nature, experimental and demonstration projects disturb the order of things. Fail or succeed, they are attempts to do something a bit differently, a bit better. Every such project has its skeptics; ours was no exception. But I want to express my appreciation to these people, often neglected in acknowledgements of this kind. They challenged our easy assumptions, they warned us about unwise administrative moves, they leavened our enthusiasms with practical considerations—all in time for us to change accordingly. This project was the better for it.

We had the assistance of many people from both public and private organizations. When something needed to be done, they put aside their own interests and unsnarled whatever bureacratic tangle we found ourselves in at the moment. In many cases, the project couldn't have continued without their timely help.

I can't, of course, thank all these people, but since this project was a cooperative venture, a list of those directly involved might give a sense of the sweep of the project and the loyalties it commanded.

I am especially grateful to these people for their unfailing cooperation.

At the Manpower Administration, U.S. Department of Labor: Seymour Brandwein, William Throckmorton, Harold Lewack, Percival Punter, and Eleanor Gorham.

At District Council 37: Lillian Roberts, Sumner Rosen, Harold Pollard, Arthur Riviera, Bernard Stephens, Murray Auerbach.

At the Health Services Administration: Dr. Howard Brown, Dr. Bernard Bucove, Dr. James Haughton, Jose Morales, John Fiorillo, Dr. Alonzo Yerby, Joseph Terenzio, Robert Derzon, Victor Starr, Myron Horowitz, Jack Moscou, Dorothy Weddige, Grace Matsunaga, Ella Ratzen, Jeanne MacCrae.

At the Board of Education: Herman Kressel, Esther Zimmerman, Marjorie Harris, and the teaching and counseling staffs at the five training centers.

At the Medical and Health Research Association: Audrey Livingston and Louis Camia.

At the Office of the Mayor: Werner Kamarsky, special assistant to the Honorable John V. Lindsay.

And to those with whom I worked most closely—the project staff: Joyce Allenberg Engel, Theresa Russell, Caryl Seip, and Pearl Coleman—my deep-felt gratitude. I know the long hours they put in to make this project successful.

The satisfaction of these people, I realize, comes not from being mentioned here. It comes from having been part of a project that produced better health care and improved the morale of hospital employees—a project that gave form and substance to a principle this nation stands for: A person can be what he wants to be with determination and hard work.

Florence S. Stern

FLORENCE S. STERN
Project Director

TABLE OF CONTENTS

	page
TRAINING NURSE'S AIDES TO BE LPNS: AN OVERVIEW	1
findings and recommendations	4
ORGANIZING THE DEMONSTRATION PROJECT	8
frustrations of writing the project proposal	12
selecting trainees	13
characteristics of trainees	15
response of nurse's aides to announcement of training program	16
counseling those not selected	16
SUSTAINING THE NURSE'S AIDES THROUGH TRAINING	18
profiles of 2 trainees	20
remediation training	21
LPN curriculum	22
review for state boards	25
counseling	26
ON THE JOB AS LPNS: WHAT THEIR ACHIEVEMENT MEANS	28
many can be trained	29
work performance ratings of new LPNs	31
WHAT THE PROJECT COST	32
disbursement of funds	33
possible cost savings	34
HOW TO IMPROVE FUTURE PROGRAMS	35
no more pass-fail entry tests	37
established on-going remediation centers	38
improve curriculum	40
continue on-site counseling	42
change work-study schedule	42
suggestions from trainees	43
IMPACT ON INSTITUTIONS, NOW AND IN THE FUTURE	46

TRAINING NURSE'S AIDES TO BE LPNS: AN OVERVIEW

We need more nurses! That's the cry of hospital administrators the country over, especially those in charge of municipal hospitals in large cities. Operating under tremendous pressures to care for increasing numbers of people who demand attention, hospital administrators desperately seek nurses at all skill levels to provide adequate bedside care. To date, they have not been overly successful in finding them. Too few graduates from traditional nursing programs, low salaries, difficult working conditions — these are some of the chronic barriers to building a complete hospital nursing staff.

The situation is slowly improving, however, through a concerted effort by many parties on several fronts. This is a report about one such effort: a pilot project that points up a promising training arrangement for increasing the number of competent nursing personnel on the wards.

upgrade nurses aides

A 3-year experimental and demonstration project in the City of New York, funded by the Manpower Administration of the U.S. Department of Labor, has tapped a potential source of Licensed Practical Nurses (LPNs) that has usually been overlooked before, or, if considered at all, quickly dismissed.

In brief, this pilot project demonstrated the feasibility of upgrading large numbers of personnel already employed by the hospitals — in this case, nurse's aides—through the technique of a work-study program.

Some 422 nurse's aides in the NYC municipal hospital system completed a 14-month LPN training course, dividing their time between shifts at their hospitals (for 20 hours a week) and classroom or clinical training at central locations throughout the city (25 hours a week).

There were 3 training cycles of about 150 students each, the first class starting in October, 1967, and the other two following at 3- and 5-month intervals. The last class graduated in September, 1969.

Ninety-one percent (91%) of the graduates, or 385 former nurse's aides, were licensed as LPNs after passing the New York State licensing examination, known informally as "the Boards." They returned to the same hospitals where they had worked for many years and assumed the duties of LPNs, often taking charge of wards on evening or night shifts in the absence of Registered Nurses (RNs). Directors of Nursing who knew these people as nurse's aides praise the caliber of their work as LPNs.

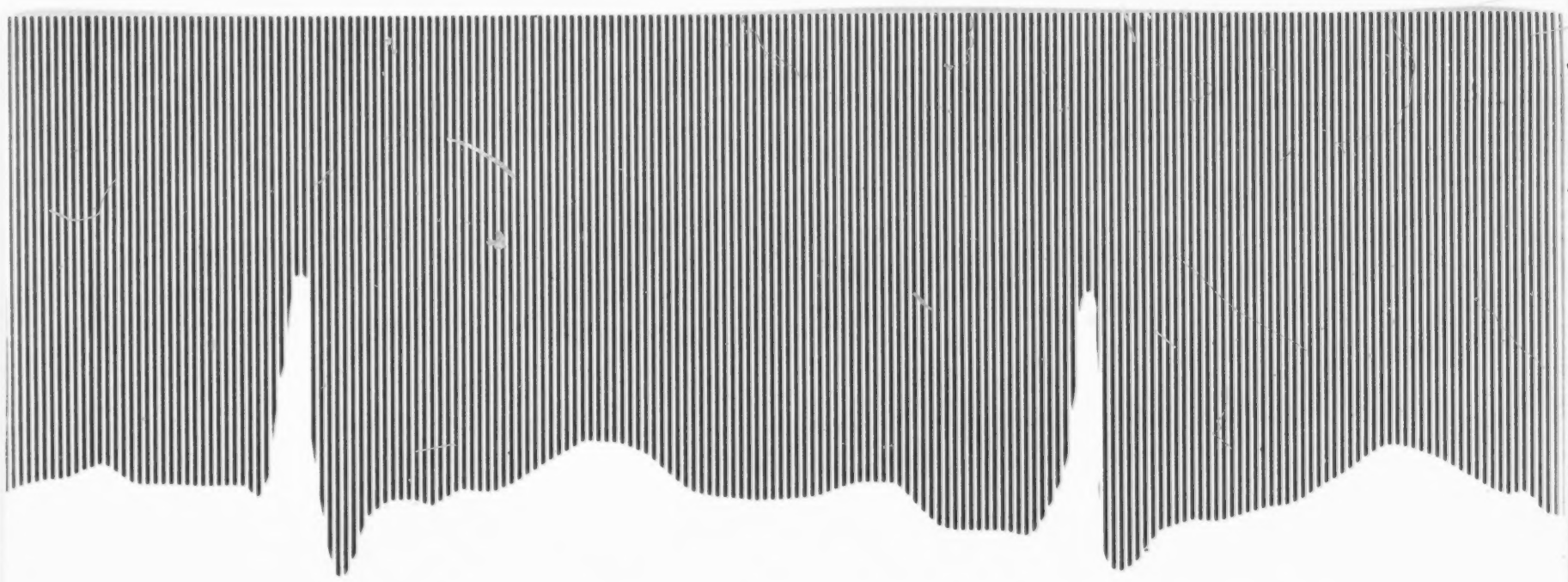
unlikely source of LPN trainees

Nurse's aides have seldom been thought of as likely candidates for LPN training (except for a few outstanding aides) for two reasons.

For one, it has been assumed that most nurse's aides do not have the ability or the fortitude to perservere under the strain of a rigorous training course, much less pass a state licensing examination. Traditional LPN schools, whose programs run for one year and require full-time attendance, look for candidates from among recent high school graduates who read at the 10th grade level or above and possess equivalent math skills.

In contrast, the typical nurse's aide in the NYC municipal hospitals is a woman in her late-thirties who has worked 9 years in a notoriously routine, dead-end job. She reads at the 8th grade level, although she completed the 11th grade. With its lectures, reading assignments, and tests, school is a dimly-remembered, often unpleasant experience.

The second reason lies in the sheer impracticality of a nurse's aide sacrificing her salary and the security associated with a city job for the chance to become an LPN, as much as she might like to. About two-thirds of the aides have children living at home. Half the women are married, one quarter are separated, widowed, or divorced, one quarter are single. The struggle to live at a decent level in New York City on a salary ranging from $5,200 to $7,000 (base salary in latest contract) does not permit the luxury of foregoing income to enroll in a training program.



few opportunities

The traditional LPN programs were, of course, out of the question. An LPN program for unemployed persons run by the Manpower Development and Training Program (MDTP), a branch of the NYC Board of Education, did pay a training allowance, but this amounted to less than half of the usual salary of a nurse's aide. The Central School of Practical Nursing, a division within the NYC Department of Hospitals, reserved 100 training spaces for nurse's aides in its LPN program, but this opportunity was available only to those aides with the highest credentials.

In short, although there appeared to be training opportunities for nurse's aides, practically speaking, these were non-existent, except for the few—1.3% of the total nurse's aide population — who managed to get into the Central School for Practical Nursing.

a work-study program

The purpose of the demonstration project was to arrange the kind of program that would enable the majority of nurse's aides — not just the exceptional ones—to undertake LPN training without financial sacrifice. The work-study method seemed the most feasible arrangement, because it enabled nurse's aides to keep their jobs, thus maintaining their level of income and preserving their seniority rights and employee benefits. And it allowed them to work at least half time on the wards, an important aspect of the program to the management of the Department of Hospitals.

source of program funds

As for the financial arrangements, the Manpower Administration paid a training stipend to those aides eligible under the law from discretionary funds made available to the Secretary of Labor under the Manpower Development and Training Act (MDTA). This training allowance, plus the half-salary for 20 hours of work a week, about equalled the regular salary of the nurse's aides.

(Under MDTA, married women who were not head of their household—some 25% of the trainees—could not receive a training allowance. This was a gross inequity, because their salaries made the difference between their families living on the borderline of poverty or at a decent, though hardly affluent, level.)

The Manpower Administration also paid for the cost of the training itself, as well as for a project staff to guide the project and report on its progress. The training funds flowed through the U.S. Department of Health, Education, and Welfare, which must certify training programs under MDTA.

Once this framework for training was set, the sponsors of the project faced a major question: could nurse's aides survive a rigorous work-training schedule?

experienced training staff

There was some precedence for being optimistic. The agency selected to give the training, the Manpower Development Training Program (MDTP) of the NYC Board of Education, had been train-

FINDING

The work-study technique is a feasible method of training nurse's aides to become LPNs. However, the schedule in this project requiring most trainees to work or study every day of the week for 14 months, was too demanding.

RECOMMENDATIONS

•Change the schedule in future training projects so trainees work and study alternate days in a 5-day week, or work one week and study the next – whatever arrangement gives them some time off.

•Prune all nice-to-know content from the LPN curriculum to shorten training and reduce expenses.

•Establish LPN training centers at locations convenient to trainees so their travel time is reduced.

FINDING

None of the traditional methods of selecting candidates for an LPN course predicted the success or failure of the nurse's aides on the end-of-course or the state licensing examination, nor did they predict final class standing.

RECOMMENDATIONS

•Use aptitude tests, achievement tests, review of credentials, results of interviews, and other such instruments and procedures only as diagnostic tools to determine what skills need to be strengthened before a candidate enters training.

FINDINGS AND RECOMMENDATIONS

FINDING

Remediation training in basic academic skills, on-site counseling, and tutoring make it possible to train nearly every nurse's aide who has the determination to become an LPN.

RECOMMENDATIONS

•Select LPN trainees on such factors as job evaluations, attendance records, assessment of desire, and family circumstances with due care that these operate impartially.

•Retain the 8th grade as the minimum educational level for entry into LPN training, as the State of New York now requires.

•Establish on-going remedial training centers so every potential trainee can be strengthened in reading, math, and study skills in preparation for enrollment in LPN training or other courses leading to promotion.

•Continue to provide counseling and other supportive services at the training site.

FINDING

Many highly-qualified candidates declined to accept spaces in the training program, because they were ineligible, as working wives and *not* heads of households, to receive training stipends under Title II, Manpower Development and Training Act. If they had to sacrifice half their salary to enter training, their families' standard of living would be reduced. This they could not ask their families to accept. In many cases, the family was barely getting by.

RECOMMENDATION

•Title II, Manpower Development and Training Act, should be amended to give the Secretary of Labor the authority to grant training stipends to trainees who are not heads of households if, in his judgment, these stipends are essential to maintain family income at a level that would sustain a moderate standard of living.

ing unemployed persons with an 8th grade education and low reading levels since 1963. This LPN training course, and other manpower programs operated by MDTP, are funded by the Manpower Administration.

These LPN candidates were cut from the same cloth as nurse's aides, except for being somewhat younger and having little work experience in hospitals. To overcome academic shortcomings of the MDTP trainees, the staff built remedial education classes into the standard LPN curriculum, and assigned counselors to each training site to help students solve personal and academic problems before they reached crisis proportions.

Since 1963, 2,438 trainees have been enrolled in the MDTP course at the Board of Education, most of them people who would not have been handed an application for admission at one of the traditional LPN schools. Some 1,898 trainees graduated from the year-long course (77.8%), and 1,683 graduates of the 1,855 who sat for the State Boards, passed this examination and were licensed as LPNs. This is a licensure rate of 91%.

union and hospital co-sponsor project

Officials of District Council 37, American Federation of State, County, and Municipal Employees, (AFL-CIO), initiated the discussions that led to the development of the project proposal and eventually to its funding by the Manpower Administration as an experimental and demonstration project. They pressed for this project on the strength of the desire for upgrading opportunities that they had found among the nurse's aides during an election campaign to determine which union—a local of the Teamsters or Hospital Employee Local 420, an affiliate of District Council 37—would represent this group of employees before the Department of Hospitals. District Council 37 won in a close election, largely, it is said, because it pledged to work for training programs that would upgrade nurse's aides.

The Department of Hospitals, the other co-sponsor, recognized the project as a means of relieving the critical nursing shortage in the municipal hospital system. From the highest reaches in the Department to the nursing supervisors on the floor, management made a special effort to arrange convenient work schedules and in other ways assist trainees during the 14-month training period.

impact of the project

The success of the project is, of course, demonstrated by the number of trainees who graduated, passed the state licensing examination, and returned to their hosptials as LPNs, but the impact of the project extends far beyond this short-range effect, as important as it is.

In the Department of Hospitals itself, the Central School for Practical Nursing is changing its training program according to the findings and recommendations of this project in order to accommodate nurse's aides with fewer credentials than the School had required before. The first class of 150 nurse's aides, selected from among those who applied to this project, will begin a work-study program in September, 1970.

The work-study training arrangement also suggests a feasible way of establishing a career ladder for hospital employees. It is not out of the question that through work-study training programs specifically designed for hospital employees, a good many nurse's aides could eventually earn the cap and pin of an RN without ever leaving their jobs on the hospital staff.

In fact, the next logical step has already been taken in this direction. The Department of Hospitals, in conjunction with Hunter College, has begun a pilot project to train LPNs employed by the city hospitals to become RNs. A few graduates of the early cycles of the nurse's aides to LPN program have been selected as trainees, thus establishing the precedence for a career ladder for the hospital nursing staff. This project is being funded by the U.S. Public Health Service.

Another long-range effect of the nurse's aide to LPN training project is this: Two supposedly antagonistic organizations, the union and the Department of Hospitals, have joined common cause to upgrade hospital personnel. The latest contract between the two includes a section that binds the Department of Hospitals to contribute $25 per employee to an Education and Training Fund. These monies will finance remedial education classes for all hospital employees—whether nurse's aides or some other category of employee, whether union members or not—so they can prepare themselves for training opportunities that are being created.

This pilot project further substantiates the hypothesis that given a realistic opportunity for training—one that preserves the level of income, provides supportive counseling and remedial educational services, and guarantees a job at the end of the training period—people with less than the preferred credentials do have the ambition, fortitude, and ability to successfully complete an LPN course and pass the state licensing examination. This theory is being confirmed in many occupational areas these days.

The very fact this training opportunity existed had an incalculable effect on the morale of nurse's aides. Before, they could either resign themselves to 30 years of routine work or simply quit—debilitating options to both the nurse's aides and the hospital system. But when this opportunity came along, they saw a practical way of working out of a traditional dead-end job and gaining higher status and pay. Some 2,800 aides applied for the 450 training slots, more than 36% of the total employed in the municipal hospital system.

One should not lose sight of the fact that this was an experimental project. For all its success, the project disclosed ways of refining the work-study model for this population. But even with these changes, it must be said that such a program is arduous and expensive for both sponsors and trainees. Cautious administrators are entitled to ask some hard questions about this project before deciding to go ahead with one of their own. ■

Are nurse's aides really a viable recruitment source in view of their limited background?

Does a work-study program impose too heavy a schedule on this group of employees, so either their school work suffers or their work in the hospitals?

What supportive services are required for nurse's aides to complete LPN training? Are these outrageously expensive?

How can this program be improved?

Can this program, as re-shaped according to the recommendations, be implemented within the present framework for training LPNs?

8

ORGANIZING THE DEMONSTRATION PROJECT

Manpower experts did not create this experimental and demonstration project to test a hypothesis conjured up in some conference room in Washington, D.C. This was a grass-roots project. It got started because nurse's aides in the NYC municipal hospitals declared collectively that they wanted a real chance—not the semblance of one—to earn a higher position within the hospital hierarchy.

They declared this the first time it ever really mattered what they were thinking: during an election campaign in 1965. This was held to establish which of two unions would represent them as collective bargaining agent before the NYC Department of Hospitals.

Nurse's aides have always wanted to become LPNs, but it had always been assumed that most of them had reached their highest job level. There was, to be sure, nothing derogatory in this assumption. Nurse's aides have been invaluable members of the hospital nursing staffs, often filling in for absent LPNs on night and weekend shifts. Still, the notion of an upward limit to their capabilities, if not their ambitions, seemed to fit the realities.

aides trapped by circumstances

Most nurse's aides come from lower socio-economic backgrounds. They grew up on the streets of Harlem, the South Bronx, and Bedford-Stuyvesant, or migrated to the city from the Deep South or Puerto Rico. Michael Harrington, Kenneth Clark, and Daniel Moniyhan — to name a few students of inner city culture—have written extensively about the effect on a person's growth and development from having lived in the inner city. There is no need to summarize what they have said, by now a familiar story to most Americans, except perhaps to emphasize one point.

People from the inner city have little chance to land good jobs—those leading to promotion and higher status—because they have neither academic credentials nor equivalent work experience that society deems essential. They end up with the dead-end jobs instead. For a woman in New York City this means cutting dress patterns in a loft in the garment district; vacuuming the living room rug for the dress manufacturer's wife in her apartment in Riverdale; or, until this project opened the door to a career ladder, wheeling patients to the operating room at Bellevue Hospital and back again.

Under these circumstances, a city job, even though dead-end, was by far more preferable because of its steady pay, employee benefits, and

protection from capricious dismissal. The Department of Hospitals was usually seeking nurse's aides. One only had to be 17 years old, in good health, in possession of a character reference and evidence of having passed the 8th grade to get the job. It didn't pay much, $4,600 to $6,200 annually in 1967 (the scale is now $4,900 to $7,500 with differential pay for night and weekend shifts), but it was secure. Once hired, nurse's aides held onto their jobs at Bellevue, King's County, Bronx Municipal, Coney Island, and the other municipal hospitals, and established over the years a routine of home, friends, and work.

To an observer not familiar with the nuances of the situation, the adjustment made by nurse's aides to the status in the hospital, to their place in the economic order of things, appeared correct and proper. They had stabilized at the appropriate level, and it seemed unlikely that one could find many candidates for an LPN training program among this group of employees. (Nurse's aides had no collective means of countering this stereotyped thinking until recently, when District Council 37 took up their cause.)

Of course, one would expect to find a few among a population of 7,700 nurse's aides (as of October, 1967) who had the capability and ambition to become LPNs. For these few, opportunities did exist.

space in existing programs limited

They could apply to the Central School for Practical Nursing, a division of the NYC Department of Hospitals. This school reserved 100 of its 200 training spaces each year for qualified applicants from the ranks of the nurse's aides. The difficulty here was in being judged "qualified." Central School wanted candidates with high school degrees, people who could read at the 10th grade level and figure out math problems at this level of difficulty, and who registered a respectable score on nursing aptitude tests. With these re-

Wherever they live in the city, most nurse's aides have settled into a routine of home, family, friends, and work. This makes them good risks for staying on the job after going through an expensive training program.

After years of working in municipal hospitals, like sprawling Bellevue (below) or Harlem Hospital (left), newest of the city's 18 hospitals, nurse's aides know hospital routine. They don't need a long period of orientation when they return to their hospitals as LPNs.

quirements, the quota set aside for nurse's aides often was only partially filled, and the Central School sought the balance of the candidates outside the hospital system.

For those who qualified, it was a good deal indeed. They continued to receive their pay as nurse's aides while undergoing a year-long training program. But, assuming a full quota, this program reached annually only 1.3% of the nurse's aides in the city hospital system.

All nurse's aides, of course, had the option of resigning their jobs and enrolling in traditional LPN training programs in the metropolitan area, either a vocational course associated with a community college, or a course sponsored by a hospital's school of nursing.

Here again, one confronts stringent entrance requirements, equal to, if not more exacting than those imposed by the Central School. These reflect the general trend in nursing education as championed by professional nurse's organizations. These groups—the American Nurses Association, the National League for Nursing, and the National Association for Practical Nurse Education and Service—press for higher entrance requirements and longer training on the theory that medical science has grown increasingly complex and therefore nurses must master a good many more procedures. In fact, the credentials a candidate must present to the admissions officer of a nurse training program frequently exceed the standards set by the State of New York. For example, the law requires that a candidate for an LPN training course possess only an 8th grade education or its equivalency. The traditional LPN schools have set higher standards, requiring a high school diploma in many instances.

Without arguing the merits of this decision, a practical effect has been the narrowing of the number of people who could get into these schools at a time when the demand for trained personnel has been growing by leaps and bounds. It was certainly an empty opportunity for the typical nurse's aide even if she could get by the door. Few could afford a year of training without income.

The one breach in the credentials barrier raised by the nursing profession in the State of New York is found in an LPN training program run by the Manpower Development and Training Program, a branch of the Board of Education, City of New York. This program was established in 1963 under MDTA to train unemployed people as LPNs. It requires only an 8th grade education. The curriculum includes remedial academic training and counseling services available at the training site so trainees could get immediate assistance with their problems. There is, of course, no softening of the curriculum, as it is a fully-accredited school, and its graduates must pass the State Boards. Some 91% of them do.

Trainees receive a weekly stipend of about $54 (if they are head of household) while in the course. To enter this course, a nurse's aide would have to resign her position with the city, throwing over seniority rights and fringe benefits, get certified as being unemployed, and then try to exist on what would be about half-salary. She simply could not afford to do it.

For most of the nurse's aides in the municipal hospital system in 1965, these options were impractical and, in a way, insulting. People could misconstrue an apparent lack of movement into these training programs as evidence that nurse's aides had neither the ambition nor the talent to become LPNs.

ambitions surface during election campaign

Fortunately, two officials in District Council 37, American Federation of State, County and Municipal Employees (AFL-CIO), understood that nurse's aides were stuck at a career dead-end, and that this represented a misuse of human resources that was not good for the nurse's aides or for the hospital system.

Mrs. Lillian Roberts, director of the Hospital Division of Local 420, an affiliate of District Council 37, argued that nurse's aides had the ambition, skill, and fortitude to become LPNs, given a reasonable chance. She spoke with the authority of having worked as a nurse's aide herself for 14 years in Chicago.

Dr. Sumner Rosen, education director for District Council 37 and a labor economist, was, and still is, a fervent advocate of upgrading from within an institution as the preferred response to manpower shortages and the perennial problem of motivating employees.

The contest between a local of the Teamster's Union, the incumbents, and Hospital Local 420, the challengers, confirmed Mrs. Roberts' and Dr. Rosen's conviction that nurse's aides would apply for training programs that led to more responsible jobs—so long as their income and job rights were protected.

"We could have out-shouted the Teamsters on the usual issues of salaries and working conditions," Dr. Rosen said, reminiscing about the election campaign. "Or we could have developed

a program that really fired the aides' imagination. So we talked to a number of them to find out what they were troubled about."

"It wasn't the salaries, as you might expect," he said. "Instead, the aides told us in so many words, that they didn't have any status, or recognition, or dignity in the hospitals. These are, of course, the greatest status-ridden institutions in existence."

"We decided to build the campaign around the idea of improving the status of nurse's aides by opening up opportunities for them to advance within the hospital structure. The work-study technique was the only feasible way to do this."

But before this possibility was presented to the nurse's aides, Dr. Rosen consulted with the experimental and demonstration office in the Department of Labor. Officials there gave him encouragement about possible financial support for a work-study training program that would enable nurse's aides to become LPNs.

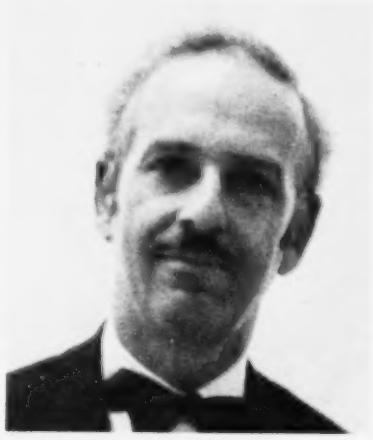
Once introduced in the campaign, this idea fired long-unrealized ambitions among the nurse's aides, and Hospital Local 420 ousted the Teamsters in a close election.

frustrations of writing the project proposal

Then began efforts to work out the details of a pilot project. The director of the experimental and demonstration office, U.S. Department of Labor, met with leaders of the hospital system, the union, and nursing educators and told them he would help develop Federal financing if they, working together, could come up with a viable proposal. Many months elapsed before the joint proposal was written and the funding secured.

It was not an easy proposal to write. A work-study program for nurse's aides was a fairly radical idea for the Department of Hospitals to deal with. Officials doubted that these employees had the ability to become LPNs, or the interest. (This doubt was demolished when nearly one-third of the nurse's aides said they would apply for such training in response to a letter Dr. Rosen circulated.) Nursing educators in the Department were especially aghast at the thought of lowering entry requirements when their professional organizations were arguing at the state legislature that these should instead be increased. Hospital administrators worried about the quality of patient care declining when experienced nurse's aides went off to class, particularly when they had a staff shortage in the first place. These concerns and differences of opinion had to be resolved within the Department itself before it

LILLIAN ROBERTS
Director of Hospital Employees Local 240 and 14 years a nurse's aide in Chicago. She knew full well that nurse's aides would make competent LPNs.



SUMNER ROSEN
Education director for District Council 37 during election campaign and the project planning phase. Upgrading employees was his answer to staff shortages.

"...the aides told us, in so many words, that they didn't have any status, or recognition, or dignity in the hospitals."

could present a united front at the negotiating table.

Complicating matters was the fact that the idea for the training program was being pressed by a new force on the scene—the union. Hospital negotiators were bent on preserving management prerogatives; the union wanted action on a program they had publicly committed themselves to. It took time for the two groups to develop trust and get used to each other's style of doing business.

The negotiations became three-sided, and more prolonged, when it became necessary to ask the staff of the Manpower Development and Training Program (MDTP) at the Board of Education to run the training program. Although there had been some discussion about creating an entirely new LPN program designed especially for nurse's aides, time didn't permit the extensive procedure for getting accreditation for a new program from state authorities. The existing MDTP program for LPNs, on the other hand, was already accredited, and it was designed for under-qualified trainees much like the nurse's aides.

The proposal called for 3 cycles of trainees, about 150 trainees in each class. Trainees would work 20 hours a week at their regular jobs, for which they would receive their usual rate of pay, and go to school 25 hours a week, for which they would receive a training stipend. Thus there would be no precipitate drop in income (except for those nurse's aides who did not qualify as heads of households). Upon graduating, they would return, full-time, to their hospitals and work as Practical Nurses until they passed the state LPN examination.

A project staff was organized for the purpose of coordinating the project. It received direction from a Policy Advisory Committee on which sat 2 representatives from the Department of Hospitals, 2 from District Council 37, and 1 from the Board of Education. This committee set policies and procedures. It mediated changes in the usual operations of the sponsors and the training staff when this was required to solve problems. It dealt with situations unique to the project and made decisions regarding suggested deviations from the original proposal.

selecting trainees

When the project staff opened its office in April, 1967, it was handed 1,600 applications from nurse's aides who had anticipated the final approval of the project. Ultimately 2,857 aides applied, about 37% of the employees in this category on the hospital rolls as of October, 1967, the month the first training cycle began.

With nearly seven times the number of volunteers that could be enrolled in the three training cycles, the selection of trainees assumed political proportions. The process had to appear scrupulously fair to the union's constituency, in addition to being precise for research purposes. The Policy Advisory Committee decided that selection should be based on these factors:

- **Scores on the Metropolitan Achievement Test**

This is a nationally-normed test that yields grade level scores from elementary school through junior high school in word knowledge, reading comprehension, arithmetic computation, and arithmetic problem-solving. The Board of Education gives this test annually to students in the city schools. The MDTP staff also uses it to sort out candidates for their training schools, including their LPN program.

- **Job evaluations and attendance records**

George Coultman, valedictorian of his LPN training class.

• Quotas established for each hospital

These set the number of nurse's aides who could enter training from each hospital without seriously depleting the nursing staff. (This proviso proved quite troublesome. For some reason, more applications came from four hospitals than from the rest combined. Thus many highly-qualified nurse's aides couldn't be enrolled because the quota for a hospital had already been exceeded.)

At least one year's service as a nurse's aide in the municipal hospital was required of each candidate. Also, regulations say that a candidate for LPN training must have completed 8th grade or have passed an equivalency examination.

After the project staff completed initial processing, an anonymous selection committee representing the two sponsors, the Board of Education, and the project staff, plus three nursing educators, made the final selection of trainees.

many fail to show for test

It must be said that the first time applicants were asked to do something—take the M.A.T.—a large number failed to report to the testing centers. Of the 1,379 nurse's aides invited to sit for the first examination, 883 appeared; 900 were eligible to take the examination for the second training cycle, 412 sat for it; 662 were notified about the third test, 452 showed up. In all, 1,747 sat for the M.A.T., about 23% of the nurse's aide population, and a little more than half the number who expressed interest in the program.

Why didn't more show up for the M.A.T.? Scheduling conflicts probably, both personal and professional. The test required a full day, considering travel time to and from the testing centers. But more likely many nurse's aides were simply leary of "taking a test," of once again risking embarrassment and disappointment. The project staff knew about this attitude, but they had no choice. The MDTP staff at the Board of Education insisted upon some screening instrument, and for all its flaws as applied to this population (it was designed for elementary and junior high school students, and some critics called it culturally-biased), they had used it for screening candidates for their regular LPN course. They saw no reason to change this procedure.

low academic scores registered

The nurse's aides registered an average grade level score of 7.2 in reading and 6.5 in arithmetic. This caused some concern. Nursing educators pointed out that LPN training had gotten more difficult over the years as this category of nurses assumed greater professional responsibilities in hospitals. They doubted anyone with less than 8th grade academic ability could pass the course, regardless of work experience or a desire to achieve.

Theoretically, the program planners could have

CHARACTERISTICS OF TRAINEES

(Total: 463 trainees)

AGE	Under 21	8
	21-30	128
	31-40	147
	41-50	135
	51 and over	45
EDUCATION	8 years	38
	Some high school	139
	High school graduate (includes equivalency diplomas)	286
GRADE LEVEL: READING	4.0 - 7.9	137
	8.0 - 9.9	260
	10.0 and above	66
GRADE LEVEL: ARITHMETIC	5.0 - 6.9	184
	7.0 - 8.9	253
	9.0 and above	26
MARITAL STATUS	Single	123
	Married	218
	Separated, widowed or divorced	122
NUMBER OF CHILDREN AT HOME	None	164
	One child	108
	Two children	92
	Three or more	99
HOSPITAL WORK EXPERIENCE	1-3 years	105
	4-6 years	98
	7-9 years	97
	10 or more years	163
WORK PERFORMANCE RATINGS	Superior or above average	225
	Average	238

designed a curriculum that met the applicants at their level of ability and built upon their work experience, but there was no time for the exceedingly complex task of curriculum revision, or for the task of convincing state authorities that a new curriculum did not dilute standards. Thus the project staff arranged for applicants with less than the desired academic ability to attend special remediation classes in reading, arithmetic, and study skills before training began, so they could cope with the standard curriculum. This training was given by another arm of the Board of Education, the Basic Education Division, which had experience in teaching these skills to adults.

However, the project staff wanted to test the proposition that a highly-motivated, competent nurse's aide could complete LPN training and pass the State Boards despite scores below the 7th grade level on the M.A.T.—a direct assault on the credentials barrier. Thirty-five (35) applicants were enrolled in the first training cycle on the basis of superior job evaluations and excellent attendance records, 32 in the second, and 25 in the third — 92 altogether. These "high motivation" trainees, as they were called, attended remediation classes along with their colleagues who had barely squeaked by the cut-off point on the M.A.T.

counseling those not selected

Each training class, then, was formed from among literally stacks of applications, and these stood as testimony to the intense desire of nurse's aides to rise within the hospital hierarchy. It must have been a bitter disappointment to those whose hopes had been kindled by the announcement of the training course to have had them dashed by not being accepted. Nurse's aides who received non-acceptance notices deluged the project of-

RESPONSE OF NURSE'S AIDES TO LPN UPGRADING PROGRAM

Nurse's Aides employed by Department of Hospitals, October, 1967	**7,700**
Applications submitted	**2,857**
Entrance examination completed	**1,747**
Trainees selected	**463**
High Motivation group **92**	
Trainees graduated	**422**
High Motivation group **75**	
Trainees licensed as LPNs	**385**
High Motivation group **63**	

fice with inquiries asking precisely why they had not been chosen.

The project staff did not turn these people aside with perfunctory explanations. They offered each person the chance to come to the office and discuss the reasons why she couldn't be enrolled at that time, and many did travel all the way down to the project office in lower Manhattan to find out. They returned not only with an understanding of the adverse decision, but also with information on how they could correct any deficiencies so they could be accepted in future LPN courses or in other skill-training programs. And they returned with the feeling that somebody in authority recognized they were deadly serious about improving themselves, that somebody wanted to help them achieve their goals.

If this aspect of the selection procedure had not been handled with sensitivity—in fact, if the entire procedure had not been fairly administered, the program could well have destroyed morale. Certainly 422 LPNs would have been added to the nursing staff, but how effectively could they have functioned back at their own hospitals working with embittered former colleagues?

Actually, in taking the time to suggest what kind of training nurse's aides should arrange on their own time to correct deficiencies, the project staff created a pool of qualified applicants for future training courses. The disappointed nurse's aides sensed that their ambitions had only been postponed, not stifled altogether. District Council 37, noting the kinds of deficiencies uncovered by the screening of LPN candidates, instituted classes in remediation training (basic academic skills) and classes for people who wanted to pass a high school equivalency examination. This is one of the important long range results of the project. ■

The selection process for the LPN training program uncovered academic weaknesses that nurse's aides should correct before the next training opportunity comes along. They already possess the compassion of a nurse.

Because of the constraints they had to deal with, the project sponsors faced a difficult administrative problem in organizing a work-study schedule that enabled trainees to stay with the course. The necessary compromises did not add up to an entirely satisfactory arrangement, particularly from the trainee's point of view.

exhausting work-study schedule

The classroom training was held in NYC school buildings from 3:30 to 9:00 p.m., Monday through Friday, because the use of these buildings was free, and this was the time of day that classrooms were available for adult training (Since the Board of Education conducts an extensive adult training program, the LPN training staff often found themselves sharing facilities with other training programs, thus crowding everybody.) The sponsors requested centrally-located schools in each borough, and arranged for clinical training to be given in easily accessible hospitals as well, to shorten trainees' travel time.

Around these hours, and the time it took to get to and from school, nurse's aides had to work out the rest of their schedule. Although their supervisors juggled assignments to give them the most convenient working hours, the best schedule seemed to be this: two 8-hour shifts on one weekend, followed by three 8-hour shifts the next, altogether 40 hours of duty during a 2-week period. Full shifts, rather than half-shifts, meant better patient care and fewer trips to and from hospitals for trainees.

But when the hours of work were combined with class time, it added up to 7 consecutive days of either work or study each week for most nurse's aides. This went on for 14 months with only a week's vacation and an hour here and there taken from accumulated annual leave—if there were enough nurses to cover the wards.

Not only was this a grueling schedule for the trainees themselves, but it left little time for the mothers in the class to take care of their children. Almost two-thirds of the trainees had children at home; a good many were the sole parent.

This had not been thought to be much of a problem. Nurse's aides worked all hours; it was assumed they had already found somebody to take care of their children. But the new work-study schedule upset routines established over the years, and the trainees had to make other arrangements. They could not turn to day care centers, even if they somehow by-passed the waiting list. These stayed open from 8:00 a.m. to 6:00 p.m. to accommodate children whose parents held 9-5 jobs.

SUSTAINING THE NURSE'S AIDES THROUGH TRAINING

So the trainees fell back upon family and friends, but over a 14-month period, these arrangements often went awry and caused a great deal of concern. Counselors frequently found themselves working on child care problems.

Under these conditions—a 7-day work week, worries about children running free—it was a triumph of sorts for a trainee just to get to class each day in a state of mind for learning something.

what they studied

The basic curriculum (subjects, number of hours) was prescribed by the State Education Department, but the MDTP staff added certain elements because of their experience in training people with limited academic background. They reduced subjects because the trainees were nurse's aides and knew something about hospital procedures.

The staff added a unit in basic education to sharpen the trainees' skills in reading and math, for example. They also shortened the introduction to Basic Principles of Nursing and to the Practice of Nursing on the assumption that their students already knew how to square corners on hospital beds. Instead, the time saved at the beginning of the units was added to the end, where the content was more complicated.

The hours in Pharmacology were doubled. The Department of Hospitals requires that all LPNs complete a 54-hour, in-service course in Pharma-

RUBY PAULIN –"I always wanted to be a nurse." For 20 years, Ruby Paulin, a 54-year old nurse's aide harbored this ambition as she went about her duties at Harlem Hospital. As mother of 4 daughters, it seemed forever out of her reach – until this program came along. She applied for a place in the first training class and appeared for the entrance examination despite misgivings about "taking a test." Her scores: 9.8 in reading, which meant she read at about the level of the average 10th grade student, and 5.8 in math. Normally the math score would have ruined her chances, but she was accepted as a "high motivation" student, one of a group of students chosen to test the proposition that low achievement scores might be overcome by remedial education and the trainees' sheer persistence.

She was sorely tested. After a 6-week remediation course in basic academic skills, held 3 hours every night after a full duty shift ("I almost died"), Mrs. Paulin settled into a daily schedule: up at 5 a.m. to make breakfast for her daughters; off to the hospital for work from 7:30 to 11:30; back home for lunch. She had to leave by 2:00 for the hour trip to the school site in the Bronx. There she went through 5½ hours of classes, from 3:30 to 9:00, catching the subway back home to arrive at about 10:00 p.m. But no rest even then. She usually studied until one in the morning.

For 14 months, she held to this schedule – actually, a less demanding schedule than most of her colleagues, because she got the weekends off.

Mrs. Paulin received half her annual income of $5800, plus $59 in training allowances and $6 for carfare.

"It wasn't easy," said Mrs. Paulin. "Too much travelling, but I have pleasant memories of the program, es-

pecially of the instructors who went out of their way to be our friends."

She kept at it all those months, and passed the State Boards with a respectable score. Mrs. Paulin continues to work in the out-patient clinic at Harlem Hospital where she was employed as a nurse's aide, but now she tells patients how to give themselves insulin shots and other self-administered procedures, and she passes out medications – both hall marks of an LPN. For this work, she earns $6100 (there is less weekend and night work available now). Also, she is going to night school for a course in bacteriology. The credits will contribute towards her next goal: becoming an RN.

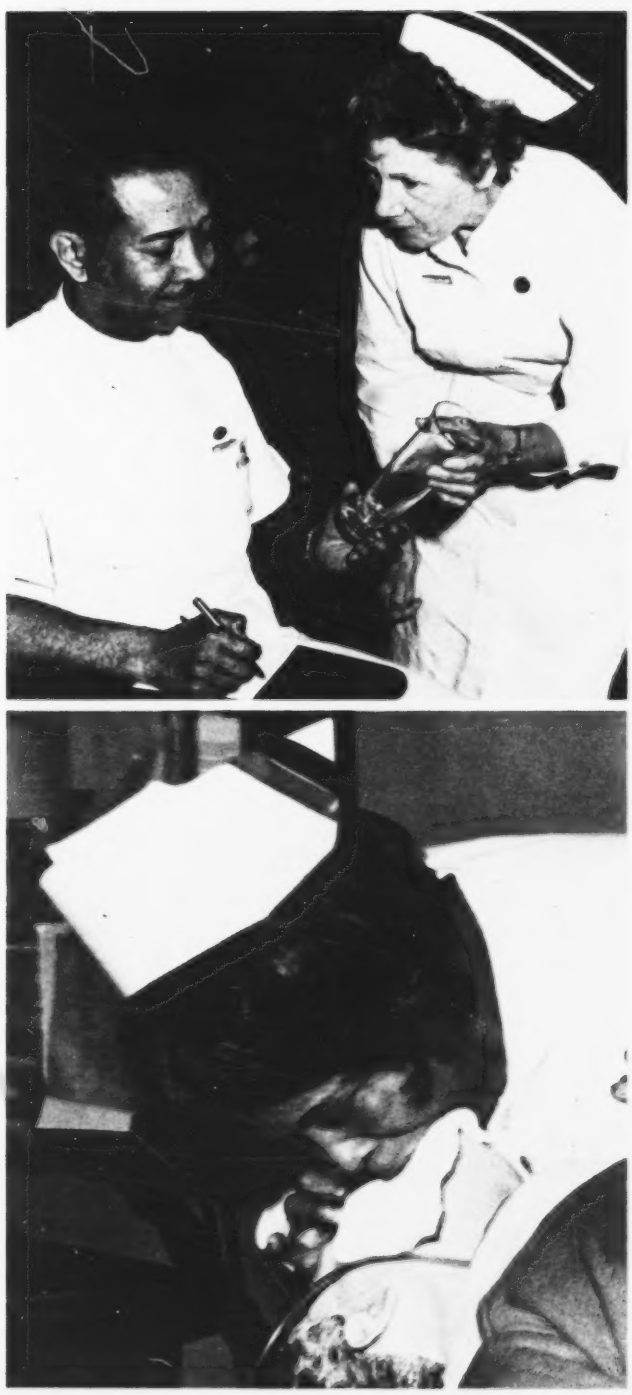
JEROME DOMINGO–One of 14 men who graduated from the LPN course, Jerome Domingo, 40, got into nursing by happenstance. Originally he worked as a radio-TV repairman in his own shop, but poor business forced him to look for a second job to support his family. His sister, an employee at Bellevue Hospital, told him that male nurse's aides were needed in the psychiatric services there, so he signed up for a midnight shift in 1955, expecting to fix TVs during the day.

The shop has long since gone by the way, and Mr. Domingo has decided on a career in nursing, but it took this program to point him in that direction. Actually, he backed into this as well. Mr. Domingo applied for a training space so he could accompany his wife, also a nurse's aide, to the testing center. She was apprehensive about the test and wanted her husband nearby. He did so well on the test – 12th grade reading level, 9th grade math level – that the selection committee offered him a spot without debate. That posed a problem for the family: who should go? They decided it was fitting that he should. Besides, with her salary as a nurse's aide, plus half his salary and $78 a week in training allowances (not to mention $6 carfare), they could continue to maintain their apartment in the Bronx and a decent standard of living for themselves and their 5 children – 4 daughters and a son.

They split up the household duties this way. He stayed home during the week until mid-afternoon, taking care of the baby and getting his wife off to work and the children off to school. When an older daughter returned from school, he hopped a bus for a 45-minute ride to the training site, coming home a little after 10:00 p.m. in time for a couple of hours of study. On the weekends, when his wife was home, he worked the midnight shift on the psychiatric wards, plus an extra 4-hour shift on either Friday or Sunday.

Although the program was long, Mr. Domingo did not find it difficult. He graduated with an average of 91, and passed the State Boards with a score of 549 out of a possible 600. He continues to work in the psychiatric services in Bellevue, although now he is in charge of a ward with about 5 people working under him. His salary improved by $1,000.

Mr. Domingo, however, is not stopping at this level. He got a job for 7 months in a private hospital, working three 8-hour shifts a week – this in addition to his job at Bellevue. "I wanted to get some experience in general nursing," he explained. This self-initiated training should pay off soon. Mr. Domingo was accepted as a candidate in the experimental work-study program for training LPNs in the city hospitals to be Registered Nurses, a program closely modeled after the LPN project. When he graduates from the RN course, he will have reached the highest nursing rank without sacrificing either his job in the Department of Hospitals or an appreciable amount of income. He could not have considered professional training otherwise.



cology before they administer medicines, and the trainees had to be well-prepared for that course, or they could not function as full-fledged LPNs in the city hospitals despite having been licensed. It was a difficult subject, too, because of the arithmetical computations involved.

Finally, an experimental, programed course in vocational adjustment was included to smooth the trainees' return to their hospitals as LPNs.

After the changes had been made, the total number of hours in the course came to 1,500, about 300 hours over the minimum number of hours suggested by the State Education Department—in terms of the trainees' work-study schedule, 12 more weeks of instruction.

Except for the programed course on role adjustment, the training staff did not employ any new instructional techniques. The students faced a constant round of lectures, homework, quizzes and examinations—the traditional lock-step, compartmentalized approach to teaching subject matter. The experience was leavened only by clinical training.

For the trainees, the academic classes constituted an ordeal because they had been long out of school and had forgotten—if, in fact, they ever knew in the first place—those classroom tricks that get a student through a course. But they had the unstinting help of everybody—project staff, instructors, counselors, nursing supervisors—who felt their overwhelming desire to succeed.

Good wishes and unorganized assistance alone, however, would not have carried the nurse's aides through either their studies or their work schedules. A number of supportive services were built into the program to help them in difficult times.

remediation training

Nursing educators predicted flatly that a person with less than an 8th grade reading and arithmetical ability would fail an LPN course. The project staff found a good many candidates who scored below that level on the M.A.T., so it set up a demonstration-within-a-demonstration to determine if motivation, a good work record, and remedial training in academic skills would see a person through the course, despite scores below the 8th grade level at the start of training. There seemed little doubt, however, that unless this high motivation group got help in basic academic skills, they would be stymied by the second week of training.

The project director found no basic education

CURRICULUM

Course	Hours
Basic Education	
Reading Comprehension	64
Mathematics	64
Group counseling in areas of communication skills, use of educational facilities, and problems	32
Body Structure and Function	80
Bacteriology	20
Basic Principles of Nursing I	80
Vocational Adjustment I	20
Growth and Development and Elementary Psychology	40
Family Living and Community Health	40
Basic Principles II (including Medical-Surgical Nursing)	140
Vocational Adjustment II	20
Nutrition and Invalid Cookery	35
Maternal and Child Care	50
Pediatric Nursing	50
Pharmacology	40
First Aid and Disaster Nursing	25
Clinical Experiences	
Medical Nursing	150
Surgical Nursing	150
Obstetric Nursing	75
Pediatric Nursing	150
Newborn Nursing	75
Psychiatric Nursing	25
Chronic Disease Nursing	75
Total	**1500**

courses immediately available that fit her requirements, so she took the problem to the MDTP staff at the Board of Education. They referred her to the Basic Education Department at the Board, and these people said they could devise a pre-training remediation program in two weeks, because they were experienced in this area and had training materials and instructors at hand. The cost: $1.20 per student per hour. Since the program budget did not provide for a pre-training remedial course, the Manpower and Career Development Agency of the Human Resources Administration, City of New York, funded a 6-week program for $10,800.

All 34 candidates in the high motivation group of the first training cycle attended this course, which was held 3 hours every day, Monday through Friday. The remaining 66 seats were filled by trainees selected randomly, because more volunteered than could be accommodated—a rather remarkable expression of interest as it meant 3 hours of classwork on top of an 8-hour duty shift. This interest held up during the course; the attendance rate was a phenomenal 98%.

The trainees were grouped in classes of 10 or 12, depending on their academic deficiencies. The reading curriculum ranged from basic word attack skills to outlining, paraphrasing, and other high-order reading skills. In arithmetic, they reviewed the manipulation of whole numbers, fractions, and percentages, and spent several hours solving word problems. The instructors attempted to couch these problems in terms of procedures they would have to complete as LPNs, as in computing the proper dosage of medicine.

Two counselors were assigned to this pre-remediation training to assist students with problems that might have prevented their regular attendance or somehow inhibited learning. The counselors reported that in their judgment the nurse's aides did not lack academic skills as much as they did confidence. These trainees were burdened by a fear of failure and a low self-image, the counselors said.

The remediation course could not be repeated for the second cycle of trainees due to a lack of funds, but the Board of Education re-allocated some of its funds so a course could be offered to trainees in the third course. Almost all trainees in this cycle (150 out of 154) took the 6-week course. The attendance rate dropped slightly from that of the first class, from 98% to 94%, possibly due to the absence of counselors. There were no funds to pay for their services.

Did this remediation training make a difference? Not much in terms of raising academic skill levels.

Trainees dutifully listened to their instructors, read texts, filled in workbooks, answered quizzes. This traditional pedagogy needs reforming, especially for these trainees. So does the curriculum.

In the first class, the only significant (but not statistically significant) grade level increases occurred in reading comprehension, up .61 for the class on the average (equivalent to an increase of 6 months), and in arithmetic computation, up .87, or about 9 months. The third cycle did less well. Their only significant gains, at least relatively, came in arithmetic computation, which rose .29, and in problem solving, up .46. These scores were derived from an M.A.T. post-test.

Nor did remediation training seem to have much effect on a trainee's completing the course. Those who failed were just as likely to have received remediation as those who passed, and that remained true for the State Boards, although the percentage of remediation students who failed was somewhat higher. This is not to say that pre-remediation training was a bad idea. It certainly introduced the trainees to classroom procedures—taking notes, following directions, completing quizzes under time pressures. This practice must have dispelled, to some degree at least, the fear of failure and low self-image that the counselors reported present in the first class of trainees. The pre-remediation training may very well have been a good idea for which there was too little time to show any statistically significant results in reading or arithmetical ability.

basic education

This was more of the same, given 5 hours every other week during the LPN course itself. Its effectiveness could not be measured for various reasons, but its close similarity to the pre-remediation training suggests it lengthened an already long training program for little benefit. The instructor staff and the trainees regarded this unit lightly. Basic Education was the unit they cut into when they needed time for those unplanned activities that always seem to come up.

tutoring

Because the LPN course was organized in a rigid, lock-step fashion, students had to master each subject within the number of hours allocated to it. As the training progressed, some students began to falter, but no provision had been made in the training schedule for their receiving individual help. The instructors were paid on a per diem basis for 5 hours of class time—and no more. As it was, they spent a half-an-hour each day preparing class materials on their own time. Asking them to help the slower students seemed quite an imposition, and no funds could be squeezed out of the budget to pay them for this extra work.

The Policy Advisory Committee took note of the problem and eventually District Council 37

funded a tutorial program to be run by the regular instructors at the training facilities before scheduled classes began. Some 38 trainees in the first cycle, 25 in the second cycle, and 27 in the third received tutorial help in the subjects that gave them the most trouble—Basic Principles II, Growth and Development, and Nutrition. This meant an extra hour or two at school for about a month.

The tutorial program raised the grades of the students a few points, but in the opinion of most observers, it was too little, too late, and not sufficiently spread over the 14-month program. Of the 90 students tutored, 23 failed to complete the LPN course for academic reasons. They accounted for 19% of the dropouts.

review for state boards

This was another thrown-together program that arose from the graduates' apprehensions about taking the State Boards, the final "pass or fail" examination on which licensure as an LPN depended.

The first cycle of graduates sat for the State Boards, a 4-hour examination, without benefit of a review. The project staff had assumed that the training staff would conduct a review based on the results of the Achievement Test for Practical Nurses (ATPN), a comprehensive examination given at the end of the course, but there was no follow-through. The ATPN had been scheduled too late in the program for analysis of answer patterns and the construction of a relevant review course.

Actually, a review at the end of the first cycle would have done little good because of another problem. The State Boards are given only twice a year, in July and November, to take care of the June graduates. (Those who fail the July Boards may try again in November or any other time in the future until they pass.) As the first class was scheduled to graduate in January, they would have had to wait until July, 7 months away, to sit for the State Boards—far too long a time to recall that diplopia means double vision, or that liver is the best food for regenerating hemoglobin.

Armed with requests for a special sitting from nursing educators throughout the state, the project director persuaded the Assistant Commissioner for Professional Education to hold State Boards in February for all qualified applicants, including, of course, the graduates of the first cycle. Thus they had only 5 weeks to wait, much better odds against the inexorable downward slope of the memory curve than a wait of 7 months.

(The problem with the scheduling of State Boards was not one of intransigence but of resources. It costs a good deal of money to hire halls in which the tests are given, and to pay for monitors and the scoring of the tests. The State Board of Education simply did not have the money for more than two tests a year on a regular basis, nor had they, until this point, received any persistent requests for testing more frequently.)

The graduates of the second cycle, however, faced a time lapse of two-and-a-half months. Many called the project office for help in preparing for the Boards. This seemed a reasonable request for many reasons. The 21 people from the first cycle who had failed the Boards wanted a review before sitting again. Officials were also concerned that the second cycle graduates had not received pre-training remediation classes. It was thought this might lead to a lower passing ratio than registered by the first cycle, unless they received some kind of review. Also, by interviewing members of the first cycle, the project staff got some idea of the questions and procedures that had caused the most trouble, and could therefore construct a practical, on-target review course.

The sponsors paid the costs of a review course for both the second and third cycles. Two nursing educators from the Department of Hospitals and the project nurse drew up a 14-hour course to be given in 2-hour evening sessions.

This course concentrated on the mechanics of taking the State Boards, a troublesome area. The answer sheets for the Boards, for example, displayed horizontally the spaces in which an answer was to be marked, but the trainees had always worked with vertically-spaced answer blocks. Many first cycle graduates were far into the test before they noticed this simple switch, and they had to waste precious time making corrections.

The instructors also went over briefly many of the more difficult subject areas and posed "situation problems" that had caused the first cycle some anxious moments. These are hypothetical nursing situations that require examinees to infer from their knowledge of subject matter. And instructors ran practice tests so trainees could cope with time pressures they would be working under—something one would have expected them to have learned during the 14-month LPN course, but evidently the fear of tests was still almost over-powering when so much rode on the outcome.

Despite these arrangements, attendance was

disappointing. Some 96 people from the second cycle, about two-thirds of the class, appeared for the first session, and 33 for the last. Third cycle graduates stayed away in equal numbers. Again, it appeared the graduates had too many demands on their time. Many were attending the Department of Hospitals' mandatory, in-service courses in pharmacology and ward management in addition to working full time. For others, the prospect of a long subway ride and two hours of classes was just too much to contend with after an 8-hour shift.

counseling

Remediation, tutoring, review for the State Boards —these special services had their roots in the trainees' anticipated or actual academic shortcomings as a group. But there was obviously a need, too, for attention to individual problems, whether related to classwork or to any other area of a trainee's life that might hinder performance during the 14-month course.

Beginning with selection to the training program, a nurse's aide could call upon a full range of counseling services. The project staff handled all pre- and post-training problems. The project director, Florence S. Stern, is a professional social worker and community organizer with extensive experience. During the training period itself, trainees could consult with a counselor at each of the five training sites with the expectation of immediate attention to their problems. Counselors referred those they could not take care of to professional social workers employed by the Board of Education.

The counselors did not sit back and wait for trainees to come to them, although their doors were always open. Group counseling sessions were included in the training program so trainees could discuss common problems under a counselor's guidance. These meetings were credited for averting many crises, especially those brought on by self-doubt. In their own circle, the trainees discovered that their private fears consumed everyone, and therefore were not to be construed as personal inadequacies.

It was an unfamiliar, demanding world—the classroom with its lectures and test—but a face-to-face talk with a sympathetic person, and other forms of assistance, buoyed trainees up when pressure seemed about to force them under.

A definite pattern in requests for assistance emerged. Shortly before entering training, nurse's aides needed help in arranging child care and readjusting the family budget to fit the change in income, especially for the married women who did not qualify for training allowances and lost half their pay. Once the aides entered training, a spate of problems arose over the work-study schedule. Counselors and the project staff spent many hours working out more reasonable schedules with the hospitals. By the end of the second month of training, the students came looking for help with school work. Throughout the 14 months, however, the foremost problem brought to the counselors concerned arrangements for child care.

The importance of the counseling program to the success of the project was captured in a paragraph from the project evaluation report written by the Greenleigh Associates. They read 61 case histories selected randomly from the school counselors' files.

> ...nearly a fourth of the trainees, or 14, at one time or another during the 14 months were in danger of having to separate from the program. There were a variety of reasons: accidents, illnesses, financial problems, child care problems, problems of achievement, chronic absences and/or tardinesses, a rigorous schedule which affected the trainee's ability to concentrate on her work, the birth of a baby, and the adoption of a baby. Of the 14, only 3, including the one who gave birth and the one who adopted, actually separated from the program, and all of these did so voluntarily. One trainee terminated for financial reasons but reapplied for entry into the program at a later date.

That is a fair record, yet to judge thé effectiveness of the counseling services in terms of the number of critical cases saved is misleading. Nearly every trainee needed counseling at one time or another during the 14 months, and they could get attention when they wanted it from the school counselors and the project staff. ■

ON THE JOB AS LPNS: WHAT THEIR ACHIEVEMENT MEANS

Through remedial education, on-site counseling, and their instructors' conviction that they would succeed—not to mention their own hard work—422 nurse's aides graduated from the LPN training course. That represents 91% of the number of trainees enrolled in all three cycles—the same success ratio that the MDTP has achieved in its regular LPN training program since 1963.

Of the 422 graduates, 385 have passed the State Boards to date. Those who failed may re-take the examination until they achieve a passing score.

back to work

After a well-deserved rest, all but a few graduates reported to their hospitals for full-time assignments as Practical Nurses (PNs), a temporary designation for those awaiting licensure. During this interim period, the Department of Hospitals enrolled them in a 54-hour, in-service course in pharmacology, a prerequisite for dispensing medicines in the city hospitals. Once through that course (an instructor said the former nurse's aides had a "commendable" knowledge of drugs and solutions), they assumed their new role as LPNs.

Greenleigh Associates interviewed 20 LPNs from 5 city hospitals to see if they really performed the work that went with their new rank. All of the graduates reported they were doing significantly different jobs than they had as nurse's aides. Over half were dispensing medicines. About a third had taken charge of wards and had supervised nurse's aides in the absence of the registered nurse normally assigned that duty. Other changes in job function included: treating sicker patients; assisting doctors with more difficult procedures, such as catheterization; writing nurse's notes and reading patient charts and reports; instructing outpatients in self-administered procedures, such as giving oneself an injection of insulin.

comparison to other LPNs

Some 36 supervisory and administrative personnel were asked to compare the graduates of the project with those that graduated from the regular MDTP course run by the Board of Education. (The same staff trained both groups.) Their judgment: 20 said that in their experience with both groups the former nurse's aides were better, 15 said they rated about the same, and 1 said they were worse than the MDTP graduates.

A similiar comparison was made between the former nurse's aides and graduates of the Central School of Practical Nursing, which maintains very high entrance standards. Of the 49 supervisors responding, 4 said the former nurse's aides were bet-

ter than graduates from the Central School, 30 said about the same, 14 said they were worse, and 1 reserved judgment. In other words, 70% of the supervisors answering the question said the former nurse's aides were as good as, if not better than, graduates from the Central School.

Greenleigh Associates said that this favorable comparison "indicates that such rigorous selection (as practiced by the Central School) is not essential to producing competent LPNs."

Most supervisors credited previous work experience in the hospital as the major reason why graduates of this project were rated higher than MDTP graduates.

Despite these votes of approval for doing a good job as LPNs, many graduates with long years of experience in the hospitals earned less as LPNs than they did as nurse's aides, some by as much as $1,000, because the beginning LPN salary is lower than the highest steps of the nurse's aide's pay scale. Some reward.

(The sole collective bargaining agent for LPNs in matters before the Department of Hospitals is the National Association of Practical Nurses, a professional organization.)

many can be trained

The credentials that traditional LPN training schools want their candidates to possess—which are set much higher than the state's minimum entrance requirements, — these credentials did not hold up as predictors of success. Most of the high motivation group got through the course—75 out of 92—and 63 passed the State Boards. Each of the 29 trainees who dropped out, failed the course, or flunked the State Boards did so because of

Fourteen months of training symbolized in one act—giving medications.

unique personal problems that did not bend to counseling and other supportive services. Otherwise, it is difficult to generalize about any of the failures, high motivation group or not.

This comes close to saying, then, that any nurse's aide with the ambition to become an LPN and the drive to work and study for long hours, months at a time, can do so—if enrolled in a program that meets her special needs, a program modeled after this project.

To extend the experience of this project, it appears that hospital administrators could convert about 20% of their nurse's aide population to LPNs through a work-study program. This is about the percentage of nurse's aides from the city hospitals who sat for the entrance examination. If somehow the screening instruments, particularly an entrance examination, could be introduced to potential applicants as diagnostic tools rather than "pass-fail" instruments, then possibly 40% of a nurse's aide population could become LPNs. That

WORK PERFORMANCE OF NEW LPNS

As Rated By Supervisors

RATINGS	NUMBER	PERCENT
Number of trainees rated (from first class only)	110	100
Superior	4	4
Above Average	37	34
Average	60	54
Below average	7	6
Unsatisfactory	2	2

Source: Evaluation Report, Greenleigh Associates.

was the ratio of nurse's aides who expressed interest in the program.

This conversion ratio assumes a well-structured work-study program with adequate supportive services, which is a lot easier said than put together. It requires money, a good deal of it, and organizational finesse. But the argument should never again be advanced, or held unspoken in the back of one's mind, that nurse's aides—people recruited, by and large, from inner city minority groups—have reached the highest level of achievement.

Why did these people apply in droves for this training program? Why did those selected stay the course? There's no one answer, but remember that they had worked in the city hospitals for years. They didn't labor under romantic notions about caring for the sick. They knew nursing was a difficult, sometimes frustrating job, but they had also experienced the satisfaction of working directly with patients, of performing a useful job in an essential institution.

Nor was the job of the LPN any mystery to them. They often worked alongside LPNs, probably speculating about their own ability to do that kind of work as they helped with the procedures. So they had a good idea of the rewards and responsibilities involved in working as an LPN at their own hospitals, and this sustained them through 14 months of a trying schedule.

The work-study arrangement, plus the training stipend, preserved their income for the 14-month training period and the benefits attached to a city job. And upon completing training and being licensed, they were guaranteed an LPN job at the same hospital in which they had been working before the program. It was a clear goal and no doubt carried them through some difficult times.

These conditions—understanding of the job, income maintenance, guaranteed employment at the end of training—made this training program a realistic upgrading opportunity to which the nurse's aides responded enthusiastically. ■

This "experimental and demonstration" project cost $2,610,213. The cost per trainee on the basis of the number enrolled (463) was $5,178. In terms of the number graduated (422), the cost per trainee was $6,185.

Figured either way, the per trainee cost may seem high indeed, but E & D projects tend to be expensive by their very nature. They break new ground and inevitably bump into obstacles of some sort that must be overcome—a costly process.

The costs of the project can be divided generally into 3 parts. The sum of $1,146,300 was spent for training stipends. It is misleading to quote a trainee average for this amount, because those trainees who were not heads of households (working wives, in other words) did not qualify for training allowances under existing law and regulations. (They did qualify for carfare, however.) About 25% of the trainees fell into this category. The average weekly allowance for the remaining 75%, the heads of households, was $43.08, which includes a small amount for carfare. The weekly stipends were disbursed by the New York State Office of Employment Security.

The other half, $1,253,280, was disbursed by the New York State Board of Education to pay for training costs. Although this money, like the money paid for training allowances, was authorized under Title II of the Manpower Development and Training Act of 1963, as amended, and was appropriated to the U.S. Department of Labor in the first instance, the Act was written so the U.S. Department of Health, Education and Welfare has "sign-off" privileges. This means it certifies, or the state educational office certifies, acting as the Department's agent in this matter, to the authenticity of the training program—that the school is accredited, the teachers licensed, the curriculum approved, that sort of thing. The state educational office actually pays for the training costs with Department of Labor money.

Title II money is normally allocated to the states on a pro-rata basis to operate on-going manpower programs. The State of New York, for example, received $30 million in fiscal year 1969, and out of this fund came the money for operating the Board of Education's LPN training program.

However, the Secretary of Labor is authorized discretionary funds under Title II to use as he sees fit, and he sometimes puts money into experimental and demonstration projects. These are usually funded under Title I of MDTA, which specifically authorizes E & D projects, but sometimes there is not enough E & D money to sustain all projects.

WHAT THE PROJECT COST

DISBURSEMENT OF FUNDS

$1,253,280

Training Program

Source: Secretary of Labor's discretionary fund, Title II, MDTA.

U.S. Department of Health, Education, and Welfare disburses these funds through local agencies to training programs it certifies.

$1,146,300

Trainee Stipends

Source: Secretary of Labor's discretionary fund, Title II, MDTA.

Disbursed by New York State Office of Employment Security.

E&D Funds for Project Staff

Source: Title I, MDTA

$210,633

The $210,633 to pay for the cost of the project staff for the nurse's aide upgrading program was disbursed from E & D funds; the money for both the training stipends and the cost of the training program, on the other hand, came from the Secretary's discretionary training fund.

The point of all this is to make absolutely clear that this was a pilot project, financed by E & D money and discretionary funds. These sources cannot be tapped again for a similiar program, although it could be financed as a regular manpower program with the money coming from a state's share of the MDTA Title II funds.

Speaking of training costs only, the approximate cost per trainee was $2,296. Based on 1,500 hours of instruction, this equals a cost of $1.53 per trainee per hour. These figures do not include the $10,800 donated by the Human Resources Administration for the pre-training remediation classes, or the $1,050 the sponsors donated for review classes for the State Boards.

Instructional costs—teachers' and supervisors' salaries mainly—amounted to 85% of the total training costs. Some 10% went for the salaries of the counselors and the tools of their trade—tests of various kinds. And 5% was allocated for the use of training facilities—remodeling, utilities, custodial care—but not rental, because classes were held in school buildings.

These costs nearly matched the training costs incurred by the regular MDTA program. The cost to train an LPN in that program, excluding training allowances, is $2,163, or $1.33 per trainee per hour; figuring 1,628 hours of instruction. The difference lies in the cost of facilities, which was higher for the nurse's aide program because more buildings were used, and in the counseling costs. The nurse's aides required more of these services, probably because of their incredible schedule.

possible cost savings

A program planner contemplating a nurse's aide upgrading program with a work-study feature can figure on the instructional costs to remain fairly firm. The essential features are mandated by the state. True, these costs could conceivably be reduced if the basic curriculum were to be shorn of nice-to-know content and otherwise revised and shortened, but this is a big "if," and frought with political difficulties.

The costs for counseling services likewise would be difficult to cut because they are such an important feature in the success of a program. Actually, they could rise if professional social workers were assigned to the training sites, which was not the case in this project.

Training allowances cannot, of course, be cut. Actually, every observer considered it a gross inequity that married women in the program whose husbands held jobs could not be paid training allowances. The law is clear on this point; officials have no discretion in the matter. Consequently, many excellent candidates among the nurse's aides had to forgo this training opportunity. The loss of half their income would have endangered the economic stability and well-being of their families. Like the welfare laws now under attack because women without husbands receive the bigger checks, this provision of the manpower law also seems to penalize women who bring home a second income to preserve a decent standard of living for their families. There is no doubt that this provision should be amended. When it is, the cost of training allowances will rise, but this is one rise in costs that is thoroughly justified.

The real savings in instructional costs can be made in the pre-training remediation course, the tutoring, the review class—all the peripheral, yet still necessary, academic services. These can be handled much more efficiently with modern instructional techniques, particularly in the basic academic skills area.

But beyond savings in this area, it should be remembered that this project was a prototype, not the final model. The recommendations generated by the experience gained in this project may well contribute to lower costs in ways that cannot yet be assessed at this point. Any future model of this project needs imaginative planning that takes the best of past experience and goes forward. ■

HOW TO IMPROVE FUTURE PROGRAMS

By hard work on everybody's part—the trainees themselves, the training staff, the nursing supervisors who arranged work schedules, the project staff—91% of the trainees earned the rank of LPN, a remarkable record for people who normally would never have had the chance to enroll in a traditional LPN program.

And everybody, at one time or another, became frustrated about something that seemed terribly unfair or just plain stupid. That is to be expected in a pilot project, but one should also remember that this project began, and continued operating, under a number of constraints.

program framework not ideal

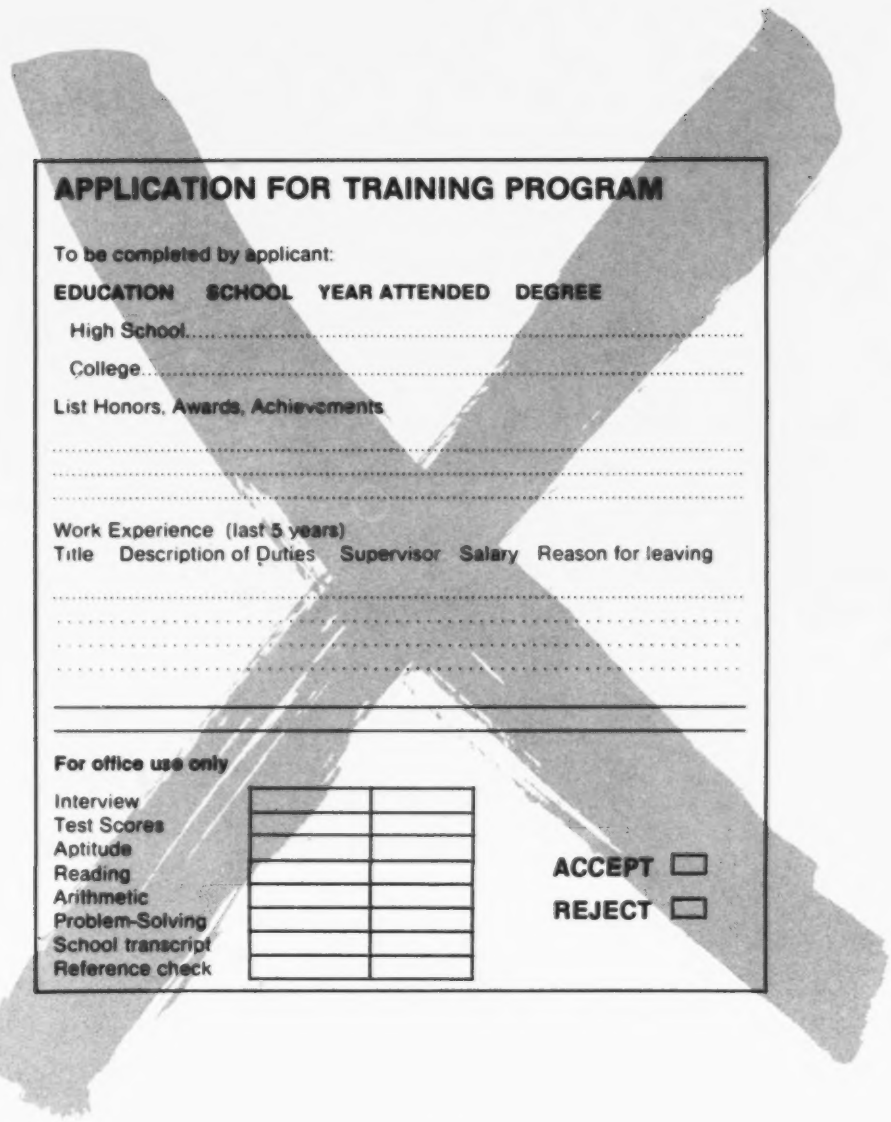
The first was the constraint of time. The sponsors had to start the project quickly, so the hopes and ambitions of the nurse's aides, which had been raised during the election campaign for bargaining agent, could be realized before they became impatient with union and hospital leadership. In the drive to put together a workable program, the sponsors accepted less than the ideal situation in many instances, because they didn't have the time to develop alternatives.

For example, 3:30-9:00 P.M. were not the most convenient training hours for the nurse's aides, but the sponsors either had to accept these hours —the school buildings were available at this time of day—or find, and pay for, other training facilities in the city.

These training hours, in turn, set the work schedules. Since nursing supervisors preferred the nurse's aides to work full shifts rather than half-shifts, the trainees were forced into working or attending class 7 days a week, because they could put in 8-hour shifts only on the weekend. (The nursing supervisors argued, with justification, that patients got better care if a nurse's aide stayed on the floor for an entire shift.)

There were, of course, the usual constraints concerning funding. Not enough and not at the right time. And the twist in the law that prevented working wives from receiving training allowances limited the number of applicants to the program.

In terms of organization, the project was an administrator's nightmare. Major decisions had to be cleared with the union, the Department of Hospitals, the MDTP people, the Manpower Administration, the State Employment Security Office, and many others whose claim to a piece of the decision-making process is painful to recall. It took time for the people in these agencies to talk things over and come up with a position, and since the agencies didn't always agree about



APPLICATION FOR TRAINING PROGRAM

To be completed by applicant:

EDUCATION SCHOOL YEAR ATTENDED DEGREE

High School.....

College.....

List Honors, Awards, Achievements

.....

.....

.....

Work Experience (last 5 years)

Title Description of Duties Supervisor Salary Reason for leaving

.....

.....

.....

.....

For office use only

Interview		
Test Scores		
Aptitude		
Reading		
Arithmetic		
Problem-Solving		
School transcript		
Reference check		

ACCEPT ☐

REJECT ☐

what should be done, the project director spent countless hours finding a basis for compromise.

Once the administrative structure was organized and the program started, the MDTP staff of the Board of Education resisted any further changes. If one of the sponsors sought to modify the training procedures or other arrangements affecting the trainees, the issue was more than likely resolved in favor of the MDTP position. They, after all, could claim the expertise that comes from successful experience. But more importantly, they had total control over the training funds, which came directly to the Board of Education.

Contrast this relationship between the sponsors and the MDTP staff to, say, that of the sponsors and a sub-contractor whose services are purchased. It is obvious that a sub-contractor would be more receptive to the sponsors' suggestions. However, the State of New York gives preference to public schools in the administration of MDTA funds, and this bars the option of setting up private, and perhaps more responsive, schools for experimental training projects.

To illustrate the principle of the territorial imperative as applied to bureaucracies, consider this: The project director—the person responsible for coordinating the entire project and reporting to the U.S. Department of Labor on its various aspects, including training—was forbidden to set foot in a classroom, and denied access to trainee records maintained by the MDTP staff. The one time she got past the door, she came along with a prominent journalist who was looking for a story—and he had to ask for visiting privileges one month in advance.

(The MDTP staff maintained that trainee records, particularly the counselor's file on each trainee, were priviliged information. And they insisted that visitors disrupted the classroom routine.)

These frustrations and constraints chaffed and rubbed, but did not bring the project to a standstill. The next program should go easier, because of the lessons learned about selection procedures, remediation training, curriculum design, counseling services, and work-study schedules. The bureaucratic sensitivities over vested interests—

It is one thing for a person to take a test knowing her future hangs on the outcome. It is quite another for her to take a test knowing the results will enable educators to plan her future.

well, these differ from place to place and should properly be left to the political finesse of program planners. Good luck to them.

no more pass-fail entry tests

The selection procedures revealed that nobody knows what combination of factors predict success in LPN training. Age, years of education, marital status, length of hospital experience, job evaluations—these had little correlation with performance, whether on the final course examination or the State Boards. The Metropolitan Achievement Test was considered only moderately good at predicting success. The Psychometric Test, a commercially-available test used by most LPN schools to determine a candidate's aptitude for LPN training, showed little better results. These two tests measured just about the same things, as shown by the high correlation between the scores on both tests and an examination of the kinds of questions asked.

The one hypothesis that might tentatively be advanded is that those who read better have a better chance of passing the end-of-course examination and the State Boards. A correlation of .42 and .38 was found between trainee performance on the reading comprehension sub-test of the M.A.T., the verbal ability sub-test of the Psychometric Test, and the scores on the State Boards. This finding, of course, may say more about the tests as exercises in reading skills than about their validity in measuring the aptitudes or predicted work performance of an LPN candidate.

Where does this leave program planners? Back at the beginning, looking for a measure for predicting success in LPN training. But perhaps this is an irrelevant search. The high success ratio in this project, especially when judged in terms of the kinds of candidates admitted to training (poor academic background, low scores on the achievement tests, long out of school), seems to point to a rather startling conclusion: Given adequate supportive services, almost any nurse's aide can become an LPN so long as she has the determination to see the program through.

If this is so, then the traditional entry requirements stand exposed as political-administrative determinations foisted upon the public as the most equitable means of choosing candidates from among the many pounding on the door. The experience of this project suggests these screening devices create inequities because they are culturally-biased. Moreover, the selection procedures currently in vogue screen out many perfectly good candidates, including those from the minority groups whose potential is ignored.

There must, of course, be some way of deciding who shall be enrolled and who shall be turned away, but it need no longer be done on the basis of test scores and the examination of credentials. If a program director assumes that those who volunteer can be trained, then he can set other requirements for entry into the program. He might say, for example, that the program will admit all volunteers who get to work on time 95 days out of 100, or those whom colleagues select as the person in their work-group they would most prefer to work under, or those who have seniority. This approach opens up all kinds of possibilities for building incentives into an institution's personnel management policies. With an alert union monitoring these decisions, there should be little room for abuse.

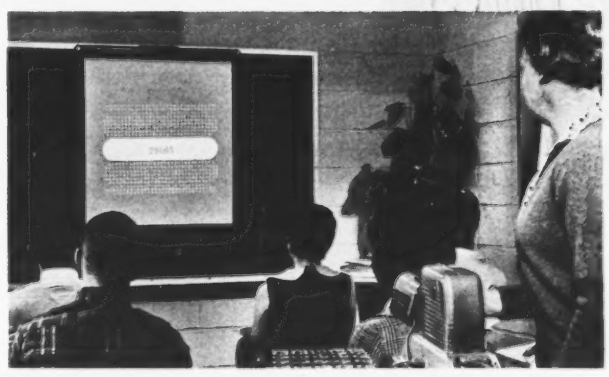
This is not to say that test and interview forms and job evaluations should be used to light birch logs in a fireplace. But knowing their limitations as selection instruments, one can use them as diagnostic instruments to uncover inadequacies in candidates already selected for training.

RECOMMENDATION: All nurse's aides be processed as potential candidates for upgrading programs from their first day on the job. This means testing, interviews, and probably some sort of remediation training. These people, then, should be considered as a pool of candidates from which trainees are to be selected according to the desire of the nurse's aides and incentive policies determined by management.

establish on-going remediation centers

This program neither raised trainees' scores on the M.A.T. significantly, nor was it a significant factor in completing the program, nor did it appear to make the State Boards any easier for the trainees. Despite these findings, a remediation program of some kind is essential for trainees with low academic achievement.

The project staff was attempting to deal with two problems in pre-training remediation: low academic achievement (not ability, the M.A.T. does not measure how much a person can learn), and unfamiliarity—fear, even—about taking examinations, writing class notes, doing homework and other classroom procedures.

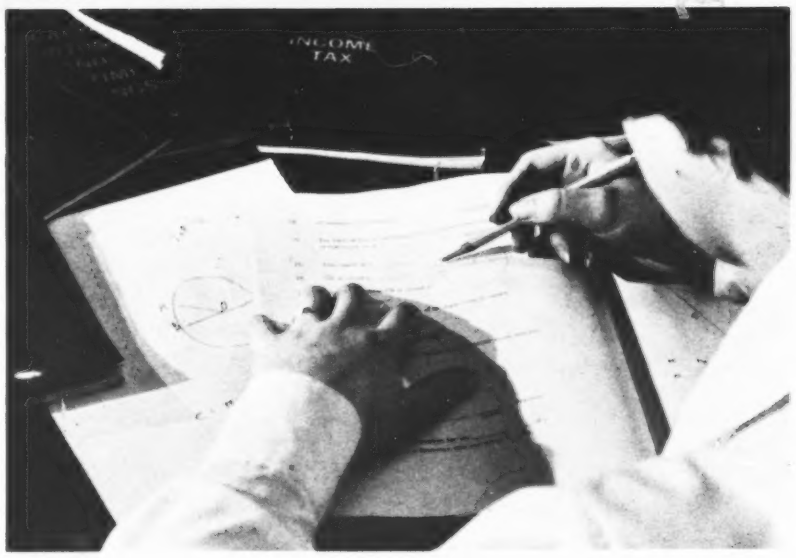


Modern instructional technology promises rapid learning gains in reading and arithmetic. Some educational companies guarantee results.

The first problem, lack of achievement in reading and arithmetic, has confounded trainers all over the country since the mid-1960s, when a national effort was launched to give lower-income people and the unemployed a bigger slice of the gross national product. This sparked a number of research and development projects by newly-organized educational technology firms like Westinghouse Learning Corporation, General Learning Corporation, Behavioral Research Laboratories, Educational Development Laboratories —to name a few. Over the years they have put on the market new devices, systems, programed booklets—the whole paraphernalia of modern educational equipment—to teach this population how to read better and think mathematically.

Some of these systems show tremendous promise. EDL's L-100 reading system has dramatically raised reading levels of soldiers in Fort Polk, La. Dorsett Educational Systems, Inc., is so confident of its technology that it is now under contract with the Texarkana school system to produce a grade level increment in reading in 80 hours. For this, it will be paid $80. If more time is needed, the fee is reduced accordingly. This company is using its own audio-visual teaching machine. Part of the fall-out from the Jobs Corps programs is a series of programed texts in reading and math that have proved very effective. These can be purchased from the General Services Administration.

The point is, some exciting things are happening in remedial education that make it an imposition



to require students about to begin a demanding 14-month program to come together in a classroom, after working all day, and face a teacher with chalk in his hands for 3 hours each evening and for six week's duration.

RECOMMENDATION: A remedial academic skills center be established in which the latest instructional techniques are used. Nurse's aides—anyone employed in the hospitals, for that matter—would be encouraged to come to the center and improve their basic skills. This remedial work would be required of a person before he enters any upgrading program, if a diagnostic test indicates he needs it.

The second problem—teaching students how to take examinations, write notes, use a library, and generally function as a student in a traditional classroom—is best handled by setting up a practice classroom and teaching students something, an understanding of health benefits, for example. The remediation course in this project did teach classroom skills. The first cycle adjusted much more quickly to class routine than the second cycle of trainees, for whom no funds were available for this kind of training.

But there is a subtle problem here. If the remediation center employs the latest instructional techniques, most of which feature programed instruction, then the students will not learn classroom routine. They will have worked at the remedial center at their own pace, receiving individual attention when they need it, getting immediate feedback on responses to questions, and never failing. To go from this environment to a classroom governed by 19th century traditions will take some getting used to.

improve the curriculum

From the trainees' point of view, this project did not have the luxury of time. Trainees literally worked day and night for 14 months to complete the course. Their health suffered, their children sometimes went unsupervised, their absences from work increased, and who knows what effect fatigue had on their schoolwork. Despite the high percentage of trainees who graduated, which may say more for their determination than the quality of the course, compassion for their struggle dictates that this issue be raised for the benefit of trainees in future programs: Can the course be shortened?

Possibly. To find out, one has to identify the nice-to-know, but non-essential content in the curriculum, and he can go about this in two ways. The first and easiest is to assume the necessity for all subject matter but find out what skills and knowledge the trainees bring to the class. For example, why not ask if nurse's aides already know first aid principles? If they do, why spend 25 hours on the subject? Perhaps only 5, or 10, or 15 hours are necessary, depending upon the results of an achievement test given all candidates before the first class begins. If the final check on the quality of practical nursing graduates is the State Boards, then it

seems to make sense that educators exercise some judgment in what needs to be taught in terms of what their students already know.

This was the criticism raised by the nursing educator hired by Greenleigh Associates to evaluate the training in this project. She reported:

> **The stated purpose of this project is to upgrade nurse's aides. The procedures, contents, materials, and learning experiences must then be evaluated in terms of the continuity of the work experience these students will bring to the educational setting. Characteristically these students differ from the students who enter the traditional 1-year program. Thus, the traditional practical nursing curricula cannot be superimposed and used as curricula to prepare nurse's aides to become licensed practical nurses.**

The second way to shorten the course—and the most difficult—is to subject the job of the LPN to task analysis. What does an LPN actually do in the hospital?—that is the question here. Perhaps data will show that she never gets involved in matters of nutrition and invalid cooking; the staff dietician takes care of all problems. If so, then why include 35 hours on these subjects in the curriculum?

On the other hand, task analysis may well identify duties performed by LPNs that are not covered in the curriculum and for which some training ought to be given. But at least the priorities will be set aright, and, generally speaking, courses tend to be shortened as a result of this kind of analysis.

To be fair about it, there was not time to do anything other than impose the traditional curriculum upon the nurse's aides and add some extra hours in basic education and pharmacology. But even if there had been, curriculum reformers would have run up against the second problem: the political mechanism by which curriculum standards are maintained and the difficulty in getting any changes made.

The State of New York has the power to legislate professional standards, and it delegates the authority to establish standards for the nursing profession to a 15-member board on which sit 11 registered nurses (RNs) and 4 LPNs. The RNs vote on matters concerning their colleagues. These members reflect the policy positions assumed by their professional organizations on credentials, curriculum standards, accreditation of schools, and other professional matters properly before the board. The professional nursing organizations usually press for tighter entry requirements, longer training—more of everything—on the theory that this raises the level of health care given to patients and advances the interests of the profession at the same time.

This board would not, therefore, bend a sympathetic ear to curriculum reformers presenting a new curriculum that allocates fewer hours to basic subjects.

Reforming the curriculum, then , is as much a political problem as an educational one, but the work-study program demands that some attention be given curriculum reform to lighten, to some degree, the trainees' exhausting schedule. The union, if no other organization, should be very concerned about this situation.

RECOMMENDATION: Develop a curriculum shorn of nice-to-know material.

continue on-site counseling

There can be no doubt about the value of the counseling services. A work-study program of this duration could not have been successful without counselors assigned to each training site as an integral part of the staff. The immediate accessibility of the counselors is extremely important to trainees who tend to put off problems until the world comes crashing down—a not uncommon trait in any group of people, for that matter.

Greenleigh Associates noted a weakness in the counseling services. It seems that counselors allowed too much time to elapse between contacts with trainees who came to them for assistance. Possibly the workload prevented systematic follow-up.

RECOMMENDATION: Continuity of counseling services should be preserved in future programs, and adequate records kept to show follow-up interviews and final disposition of each case.

The counseling program could also have been improved if counselors assigned to the training sites had been professional social workers. As it was, these counselors did not possess degrees in social work and, in some cases, had very little experience. Difficult cases were supposed to be referred to the small, professional staff of social workers employed by the Board of Education. These professionals, however, were hard-pressed because they served all programs run by the Board of Education, and it took a good deal of time for a case to get before them.

The on-site counselors tried as best they could to deal with all problems, but trainees sometimes turned to the project staff for assistance. They were immediately referred to specialized service agencies in the community who could help them.

RECOMMENDATION: Assign experienced professional social workers to the training facilities as on-site counselors for the trainees.

change work-study schedules

Despite all the supportive services, the schedule gradually took its toll, particularly among those trainees working 6- and 7- day weeks. When trainees became so exhausted they had to choose between either work or training, not surprisingly, they chose training, even the ones with a history of good work attendance.

During the second and third cycles, complaints from hospital supervisors about absences became so severe that the project staff went over trainees' work records and compiled a list of 40 who appeared to have been absent an excessive number of times. The sponsors and the project staff met with all trainees at each training site and reminded them of their commitment, not only to the training program, but also to the care of patients in their hospitals. Afterwards, school counselors had pri-

SUGGESTIONS FROM TRAINEES

The trainees wanted these changes:

- New textbooks
- Job-related basic education, particularly in arithmetic on problems of determining correct dosages of medicine. This to be taught by a nurse.
- Permanent assignments to classrooms for the duration of the course. (This reflects irritation with having to be shifted from one classroom to another because the training facility was overcrowded.)
- More practice in computing and administering medications.
- Fewer hours in Basic Principles I (how to make a bed, give a bath, and so on).
- Fewer hours of work at the hospital.
- Less teacher turnover.

vate talks with the 40 singled out by the project staff in an effort to help with any problems that might have been causing the work absences.

Some cases were sufficiently flagrant to require the Policy Advisory Committee to issue guidelines in the matter. These were: (1) any employee dropped from the hospital payroll would be terminated from training, (2) any trainee under suspension or appealing a hospital's ruling could remain in the program until a final decision was rendered, and (3) if a school counselor certified that a trainee required time off from work to take care of a special problem, the hospital would grant a temporary leave of absence.

The representative from the MDTP staff reminded his colleagues on the Policy Advisory Committee that under regulations of the State Department of Education, a training facility is required to retain any student who maintains a satisfactory academic record. Under the circumstances, however, he said this time he would shut his eyes and go along with the guidelines. But he raised a basic issue, particularly in view of the per trainee cost of this program. If a trainee is doing well academically, should he not be allowed to complete train ing to recoup the investment made so far in his training, and to add one more LPN to the staff already burdened by personnel shortages?

Although only 3 trainees were terminated because of chronic work absences, this is a crucial issue on which a policy should be established and well advertised to candidates for such a training program. This issue could well split sponsors right down the middle, a union arguing for the completion of training, a department of hospitals insisting upon shift coverage and adherence to acceptable nursing responsibility towards patients.

The nursing supervisors were vitally concerned about the problem of absences. As the project was originally planned, hospitals could hire extra nurse's aides to fill in for the loss of the trainees for half-a-week. These replacements did not appear in many hospitals. Greenleigh Associates reported: "The general consensus among the administrators was that the Nurse's Aide Upgrading Program had resulted in under-staffed hospitals at the beginning of the program since late notification had not allowed sufficient time for hiring and training replacements for part-time trainees." It was also reported that some administrators hired replacements but assigned them to services more under-staffed than the services from which the trainees came.

Those nursing supervisors who were short-changed in this staff shuffle got quite upset about the loss of people on their services, which they attributed to the training program, wrongly so. Their frame of mind did not improve when trainees who worried for them began staying away from work at a disturbing rate. Fifteen (15) supervisors were asked, "If you had the choice, would you prefer to replace the part-time trainees with full-time nurse's aides?" Note that this question goes to the heart of the issue this project was designed to demonstrate, namely, that part-time work and part-time training is feasible for all parties concerned, and this certainly includes the nursing supervisors.

Two-thirds of the 15 nursing supervisors—they all had part time trainees on their services—said they would have preferred to replace them with full time nurse's aides. Three opted for the part-time trainees because new aides required more training and supervision. Two equivocated. The point is, those supervisors directly in charge of nurse's aides generally wanted full-time aides; they didn't like the part-time arrangement. Supervisors higher up the management ladder were more

14-day work study schedule

1	2	3	4	5	6	7
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
WORK	TRAINING	TRAINING	TRAINING	WORK	TIME OFF	TIME OFF

RECOMMENDATION: Arrange a work-study schedule that will allow two days off a week. For example, something along these lines: 3 full days of training each week, preferable Tuesday, Wednesday, and Thursday, training hours: 9:00—5:00, to be followed by 8-hour shifts on Friday and Monday. A trainee would work one extra shift to clock 40 hours of work each pay period. Further, future programs should include at least 4 weeks of vacation evenly spaced throughout the program, even though this requires extending the course another month.

likely to say that they could live with the inconvenience of part-time employees, because they were committed to the upgrading program.

With this undercurrent of dissatisfaction running in the ranks of firstline supervisors, it is essential for future projects that projected staff vacancies be filled at the beginning of the program, and that trainees' work absences be kept at a minimum.

A change in the work-study schedule would at least bear on work absences. The 6- and 7- day schedules of most nurse's aides each week proved too much for them, as everybody agreed.

The nursing supervisors' attitudes about carrying on the work of their services with part-time employees is less susceptible to change. But with fewer absences, and, above all, extra help to fill the vacancies in the shift schedules, supervisors might well overlook short term inconveniences for the prospect of having more LPNs on their service. Many of them, in fact, said so. ■

8	9	10	11	12	13	14
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
WORK	TRAINING	TRAINING	TRAINING	WORK	TIME OFF	TIME OFF

IMPACT ON INSTITUTIONS, NOW AND IN THE FUTURE

Some projects cause little stir outside the circle of those directly involved—the trainees, their teachers, and the agency paying the bill. But this project spoke to the deepest concerns of its sponsors, and therefore it has had a far-reaching effect beyond the not inconsiderable achievement of adding some 385 LPNs to the city's nursing staff.

self-interest ensures future training

Take District Council 37. It had a campaign pledge to fulfill, which it did. But now this project serves as a testimonial to the union's concern for their members' well-being in matters other than bread and butter issues, as important as these are. This project put the union foursquare behind the concept of career development for nurse's aides, even at the cost of losing members in Hospital Local 420 once the trainees became LPNs. This is, of course, a small price to pay for credibility among city employees. There are other elections for collective bargaining agents coming up—one, in fact, to determine who will represent the LPNs. District Council 37 can point with some justification to this project as evidence of enlightened union leadership. And what is more important, the union will not likely allow training projects of this kind either to lapse altogether or—the fate of many bold experiments—decline in program size to a meaningless few.

The Department of Hospitals, of course, was not blind to the desirability of upgrading its employees, especially with its chronic staff shortages in the upper levels of nursing. It spends a goodly share of its hard-to-come-by budget for the Central School for Practical Nursing and three diploma schools for registered nurses which it runs in connection with its hospitals. But caring for the ill and infirm of New York City in all their numbers does not allow the Department of Hospitals much margin for experimenting with risky training programs, given the resources it can command. It had to make do with what had worked in the past.

But certain people in the Department of Hospitals saw in this project a means of alleviating, to some degree at least, its staff shortage, and improving its employees' morale—possibly even a way of tapping a considerable source of manpower for health services in the city, namely, the undereducated, underemployeed people from the inner city. And there can be little doubt, despite the grumbling about nursing services being understaffed, that most hospital administrators and nursing supervisors were sympathetic towards their people becoming LPNs. They knew full well

the demands being made upon their employees, and they bent a few rules to help them get through the course.

While not as directly affected by the outcome of the project as the two sponsors, the MDTP staff of the Board of Education still had their reputation to uphold. They were experts at training the under-educated to become LPNs. The enthusiasm of the trainees, their willingness to learn, soon changed the training staff from disinterested professionals to champions of their cause, and this staff, too, went the extra step.

And so the institutional, and sometimes very personal involvement of the sponsors and the training staff in this project, carried everybody through some rather difficult years until the project could be completed and some conclusions drawn.

What, then, is the basic lesson of this project? It is this: People working at lower echelons in hospitals, supposedly limited by a lack of credentials, can be upgraded without sacrificing their jobs and without disrupting the hospital system. Officials have already begun acting upon this and supporting conclusions.

joint fund for remediation training

Early in the history of the project, it became apparent that hospital employees should strengthen their basic academic skills before starting a professional training course, if the nurse's aides were any example. Therefore in the latest contract between the District Council 37 and the Department of Hospitals, it was agreed that the Department pay $25 per employee into an Education and Training Fund, to be administered jointly. Part of the nearly $400,000 in the Fund is being spent on remedial training programs for hospital employees, thus creating a pool of employees from which trainees can be quickly selected for the next training courses.

This is a remarkable example of union-management cooperation for a program that promises mutual benefits, and it is an unexpected spin-off from the project. Few people realized the extent of the needs in this area until confronted with the information developed in the processing of applications from nurse's aides.

central school expands program

More directly to the point of this project, however, is the change going on at Central School for Practical Nursing. It intends to enroll 150 nurse's aides in September, 1970, as the first of a series of classes for this group of employees. A committee of nursing educators, many of whom started their careers from the same point as nurse's aides, are revising entrance requirements and the curriculum to meet the needs of these trainees. Many of the techniques tried out in this project will be employed—tutoring, basic education, social services. And those trainees who require remediation training will receive it under the union-management program.

Following the recommendations of this project, trainees will be selected jointly by the union and school officials on the basis of seniority, motivation, work record and other criteria. Many trainees will likely come from the group whose applications had already been processed for this project but for whom no training spaces were available for various reasons.

Program planners expect to use the work-study arrangement, probably one week at school for the nurse's aides and one week on duty for a 14-month period. Funds for training stipends will come from the state's annual MDTA allocation, but the Education and Training Fund will pay training stipends for those people ineligible under the law, namely, those women with an employed husband who lives at home.

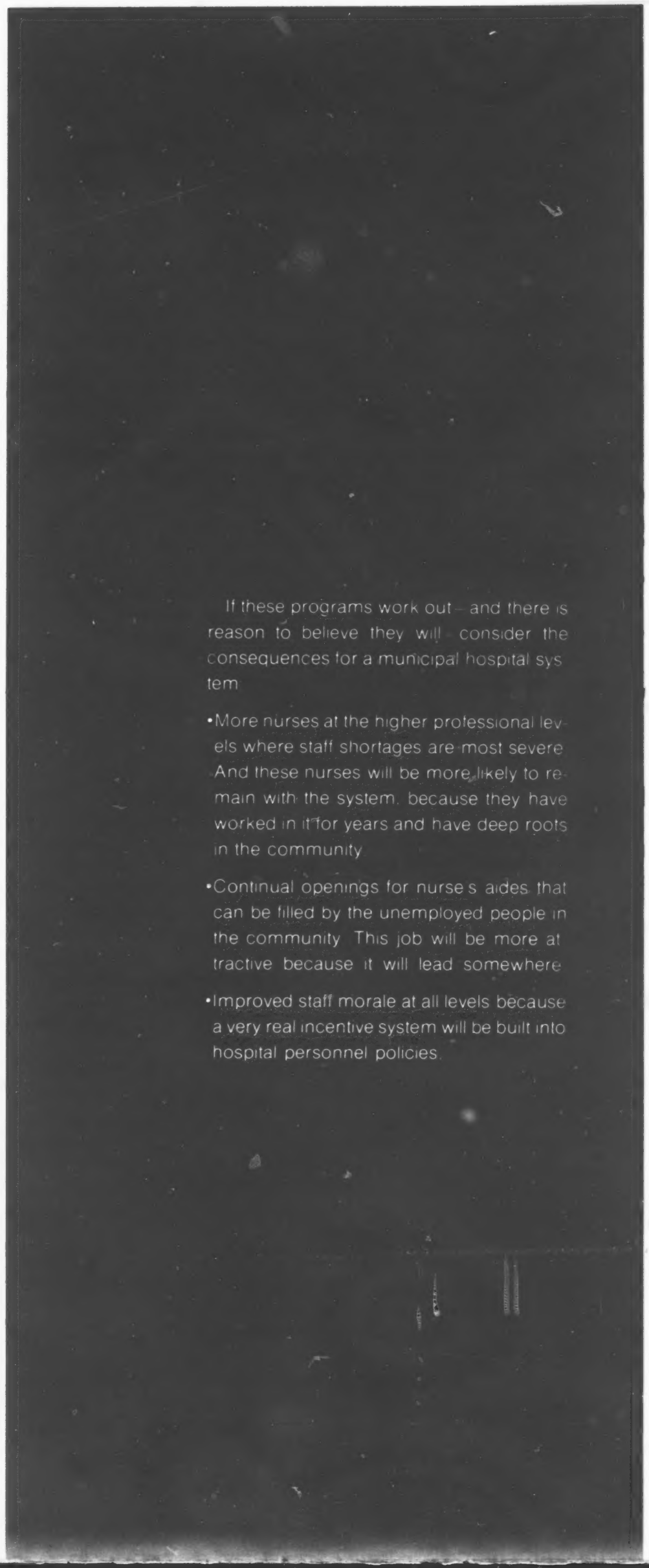
In brief, the Central School of Practical Nursing is adopting, with variations to fit its circumstances, the findings and recommendations of this experimentation and demonstration project.

pattern for career ladder established

But beyond this heartening development, this project has suggested the feasibility of a larger training pattern—an in-service career ladder for the nursing profession, so that nurse's aides can realistically harbor the ambition of someday becoming RNs. The pattern is already beginning to take shape.

The Department of Hospitals and the Department of Nursing at Hunter College have started an experimental project, funded by the U.S. Public Health Service, to test the proposition that LPNs in the city hospital system can be trained to be RNs through a work-study arrangement. Three groups of 25 trainees each will enter a 17-month program, receiving full salary but working at their regular jobs only in the morning. In the afternoon, they will attend classes at Hunter.

Some 900 LPNs applied for the first 25 training


If these programs work out – and there is reason to believe they will – consider the consequences for a municipal hospital system
•More nurses at the higher professional levels where staff shortages are most severe. And these nurses will be more likely to remain with the system, because they have worked in it for years and have deep roots in the community.
•Continual openings for nurse's aides that can be filled by the unemployed people in the community. This job will be more attractive because it will lead somewhere.
•Improved staff morale at all levels because a very real incentive system will be built into hospital personnel policies.

spaces, more evidence of the willingness of employees to participate in a training program they can afford.

Five former nurse's aides, now LPNs, having graduated from this project, have been selected for the Hunter College program. (They must put in a year's duty as LPNs before beginning training.) This makes the in-service career ladder a reality instead of an over-worked metaphor on the lips of career development officials.

Other graduates of this program did not wait for an in-service, work-study program to be arranged. Two earned scholarships at the Farmingdale Community College to enter RN training; five enrolled in the Queens General School of Nursing—a diploma school run by the city—and their tuition and expenses are being paid by funds from the Model Cities Program. Many graduates are taking courses at community colleges to meet eligibility requirements for advanced training in traditional schools. They are all people in a hurry.

At the bottom rung of the career ladder, officials in the Department of Hospitals are discussing the feasibility of re-structuring the training of newly-hired nurse's aides, not only to improve their work performance, but also to give them a common background in nursing principles and practices as preparation for advanced training. If this is arranged, it will aid curriculum planners in reducing the number of hours devoted to basic subjects in LPN training.

In another extension of the work-study principle, the Department of Hospitals has begun training nurse's aides to assume senior aide positions in such services as psychiatry, geriatrics, obstetrics and gynecology. The aides work about half the week and go to class the other half. Most of these courses run for 6 months, and the Department of Hospitals assumes all the costs.

lowering costs

Money, however, is the big question. At $5,178 a trainee, this project was not inexpensive. Program planners must seek ways of bringing this cost down, because the Federal government will not always pay the bill. There is a way. Large cost savings could be realized through curriculum revision that shortens the training period but continues to produce graduates competent in nursing skills.

There is no internal contradiction here, considering advances in training technology over the past decade, much of it rooted in the systems ap-

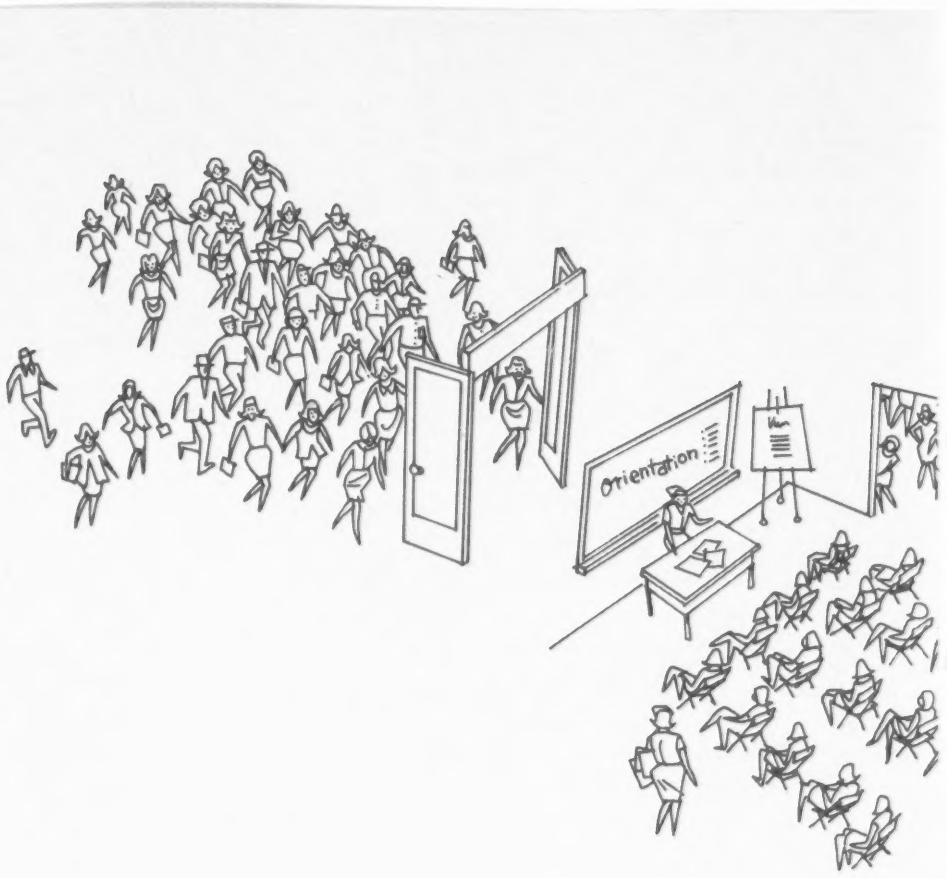
proach to analyzing training needs. This usually calls for a close look at the job to be done before one puts together, or revises, a training program. Fortunately, some work has already been done towards developing a methodology for analyzing jobs in health career fields. Called the "Health Services Mobility Study," it is directed by Dr. Eleanor Gilpatrick from headquarters located in New York City. When the job analyses are completed, a year or so from now, nursing educators should be able to identify precisely those tasks associated with an LPN's job and build a curriculum that is to the point, a curriculum that includes only those principles and practices that an LPN must master to perform the work actually assigned her in the hospitals. With a revised curriculum, plus the introduction of modern educational media — this need not be extravagantly expensive — the training period might well be shortened considerably.

The task of curriculum revision, as challenging as it is, pales before the task of getting state boards of nursing to accredit training programs using a curriculum designed along these lines. And this is the way it should be, the burden on the reformers. The whole system for educating nurses hangs together because these guardians of the profession exist and diligently exercise their function. Curriculum reformers must therefore do their work exceedingly well to win approval.

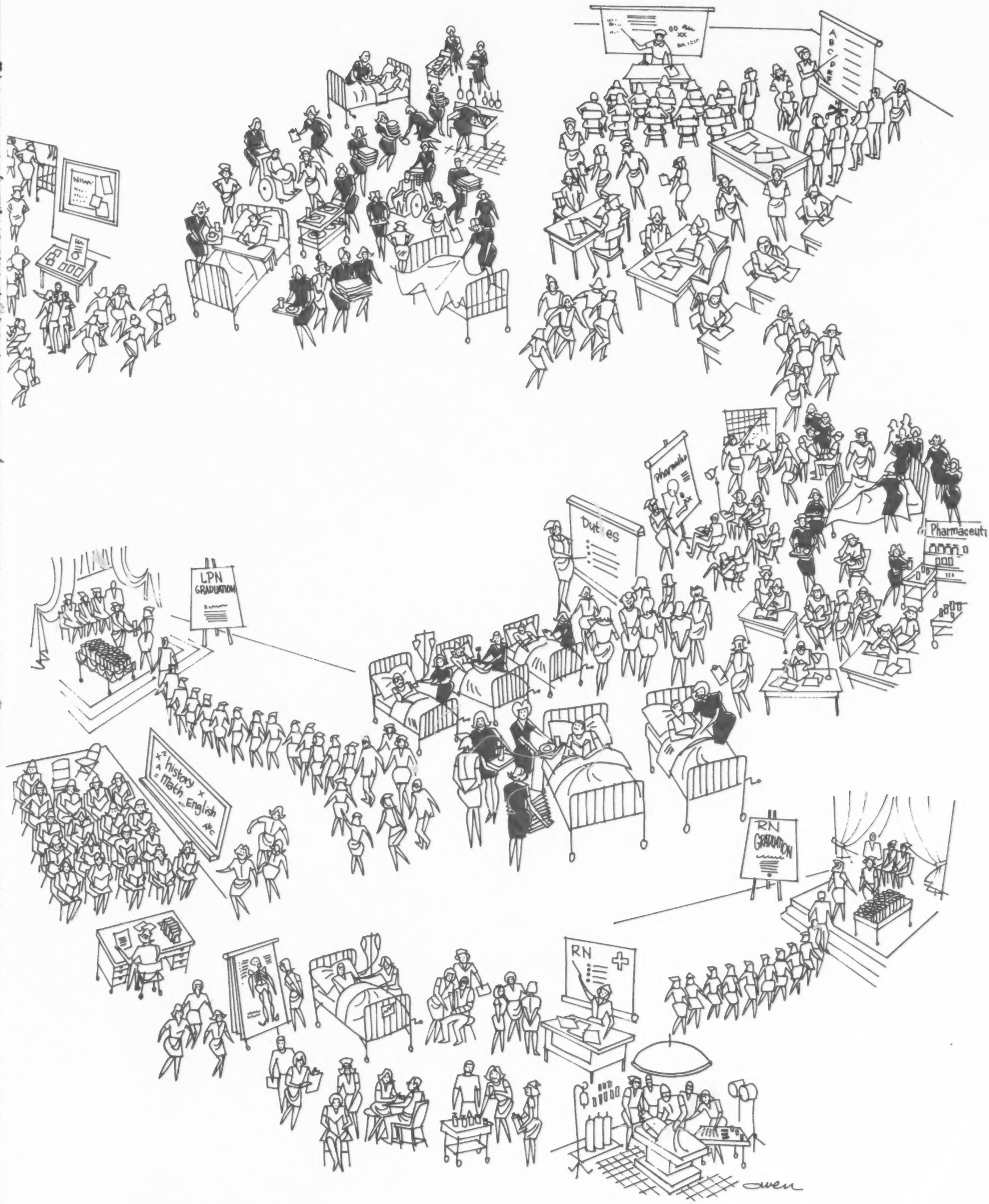
time to act now

In the meantime, as fundamental reform takes years, this project has demonstrated a way of upgrading nurse's aides and other hospital personnel with tools at hand. The scheme works; it can be improved by readjusting the work-study schedules and making other suggested changes. Hospital administrators can no longer, in good conscience, wring their hands over staff shortages when people with rich potential lie within reach, eager to respond to a training program that meets them where they are.

It may well be that the current state of affairs no longer permits the luxury of asking whether such a program is worthwhile. This project has fired ambitions long-suppressed, ambitions voiced so often by disappointed candidates asking about the next training program. "If she can do it, so can I;" they said. This ambition cannot easily be denied—nor should it be. Hospital systems in large cities, concerned about the delivery of health services and their role as employers, have too much to gain—and a great deal to lose—to let the moment slip by. ■



Employment as nurse's aide...
orientation...remedial academic training...LPN training (work-study program)...experience on the job... high school equivalency classes... RN training (work-study program). A continual round of work, education and training will move underemployed people into the upper reaches of the nursing profession, where shortages exist.


LPN GRADUATION
Duties
Pharmaceuti
RN GRADUATION
RN
history
Math
English

Quarterly progress reports on this project may be obtained from the Education Department, District Council 37, 377 Broadway, New York, N.Y. 10013, while the supply lasts. Administrators considering a similar program should review these reports. Among other things, they constitute an on-going record of the problems Miss Stern and her staff dealt with in more detail than could be given in this final report.

Information on the "Health Services Mobility Study," may be obtained from the director of the project, Dr. Eleanor Gilpatrick, at 125 Worth Street, New York, N.Y., 10013. She and her staff are developing a methodology for analyzing jobs in health services and will eventually generate some task analysis data which should help focus training requirements for LPNs.

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Picture credits: District Council 37; New York Times; Educational Developmental Laboratories; Behavioral Research Laboratories; Learning Foundations; CBS Laboratories.

Printer: Metropolitan Printing Service, N.Y.C.